

Fill in this information to identify the case:Debtor name Aspen Lakes Golf Course, L.L.C.United States Bankruptcy Court for the: District of OregonCase number (if known): 18-32265☐ Check if this is an amended filing**Official Form 206Sum****Summary of Assets and Liabilities for Non-Individuals****12/15****Part 1:** Summary of Assets**1. Schedule A/B: Assets—Real and Personal Property** (Official Form 206A/B)**1a. Real property:**Copy line 88 from *Schedule A/B*\$ 435,312.00**1b. Total personal property:**Copy line 91A from *Schedule A/B*\$ 690,003.12**1c. Total of all property:**Copy line 92 from *Schedule A/B*\$ 1,125,315.12**Part 2:** Summary of Liabilities**2. Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*\$ 4,906,266.00**3. Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)**3a. Total claim amounts of priority unsecured claims:**Copy the total claims from Part 1 from line 6a of *Schedule E/F*\$ 79,386.26**3b. Total amount of claims of nonpriority amount of unsecured claims:**Copy the total of the amount of claims from Part 2 from line 6b of *Schedule E/F*+ \$ 1,985,849.41**4. Total liabilities**
Lines 2 + 3a + 3b\$ 6,971,501.67

Fill in this information to identify the case:Debtor name Aspen Lakes Golf Course, L.L.C.United States Bankruptcy Court for the: District of OregonCase number (if known): 18-32265☐ Check if this is an amended filing**Official Form 206A/B****Schedule A/B: Assets — Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents**1. Does the debtor have any cash or cash equivalents?**

- ☐ No. Go to Part 2.
☒ Yes. Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor**Current value of debtor's interest****2. Cash on hand**\$ 3,336.59**3. Checking, savings, money market, or financial brokerage accounts (Identify all)**

Name of institution (bank or brokerage firm)	Type of account	Last 4 digits of account number	
3.1. First Interstate Bank	Checking	1620	\$ <u>-42,324.52</u>
3.2. First Interstate Bank	Money Market Account	7997	\$ <u>45,730.41</u>

4. Other cash equivalents (Identify all)

4.1. _____	\$ _____
4.2. _____	\$ _____

5. Total of Part 1

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$ 6,742.48**Part 2: Deposits and prepayments****6. Does the debtor have any deposits or prepayments?**

- ☒ No. Go to Part 3.
☐ Yes. Fill in the information below.

Current value of debtor's interest**7. Deposits, including security deposits and utility deposits**

Description, including name of holder of deposit

7.1. _____	\$ _____
7.2. _____	\$ _____

8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent

Description, including name of holder of prepayment

8.1. _____ \$ _____

8.2. _____ \$ _____

9. Total of Part 2.

Add lines 7 through 8. Copy the total to line 81.

\$ _____

Part 3: Accounts receivable**10. Does the debtor have any accounts receivable?**☐ No. Go to Part 4.☒ Yes. Fill in the information below.**Current value of debtor's interest****11. Accounts receivable**11a. 90 days old or less: 5,514.09 — 0.00 = → \$ 5,514.09
face amount doubtful or uncollectible accounts11b. Over 90 days old: 10,449.88 — 7,296.08 = → \$ 3,153.80
face amount doubtful or uncollectible accounts**12. Total of Part 3**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$ 8,667.89**Part 4: Investments****13. Does the debtor own any investments?**☒ No. Go to Part 5.☐ Yes. Fill in the information below.**Valuation method used for current value****Current value of debtor's interest****14. Mutual funds or publicly traded stocks not included in Part 1**

Name of fund or stock:

14.1. _____ \$ _____

14.2. _____ \$ _____

15. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture

Name of entity:

% of ownership:

15.1. _____ % _____ \$ _____

15.2. _____ % _____ \$ _____

16. Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1

Describe:

16.1. _____ \$ _____

16.2. _____ \$ _____

17. Total of Part 4

Add lines 14 through 16. Copy the total to line 83.

\$ _____

Part 5: Inventory, excluding agriculture assets

18. Does the debtor own any inventory (excluding agriculture assets)?

☐ No. Go to Part 6.
☒ Yes. Fill in the information below.

General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19. Raw materials Food & Beverage	MM / DD / YYYY	\$ 17,028.31	Book value	\$ 17,028.31
20. Work in progress 	MM / DD / YYYY	\$		\$
21. Finished goods, including goods held for resale Golf Shop	MM / DD / YYYY	\$ 31,232.44	Book value	\$ 31,232.44
22. Other inventory or supplies 	MM / DD / YYYY	\$		\$
23. Total of Part 5 Add lines 19 through 22. Copy the total to line 84.				\$ 48,260.75

24. Is any of the property listed in Part 5 perishable?

☐ No
☒ Yes

25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?

☐ No
☒ Yes. Book value \$17,028.31 Valuation method Book value Current value \$17,028.31

26. Has any of the property listed in Part 5 been appraised by a professional within the last year?

☒ No
☐ Yes

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

☒ No. Go to Part 7.
☐ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
28. Crops—either planted or harvested	\$		\$
29. Farm animals <i>Examples:</i> Livestock, poultry, farm-raised fish	\$		\$
30. Farm machinery and equipment (Other than titled motor vehicles)	\$		\$
31. Farm and fishing supplies, chemicals, and feed	\$		\$
32. Other farming and fishing-related property not already listed in Part 6	\$		\$

33. **Total of Part 6.**
Add lines 28 through 32. Copy the total to line 85.
34. **Is the debtor a member of an agricultural cooperative?**
☐ No
☐ Yes. Is any of the debtor's property stored at the cooperative?
☐ No
☐ Yes
35. **Has any of the property listed in Part 6 been purchased within 20 days before the bankruptcy was filed?**
☐ No
☐ Yes. Book value \$ Valuation method Current value \$
36. **Is a depreciation schedule available for any of the property listed in Part 6?**
☐ No
☐ Yes
37. **Has any of the property listed in Part 6 been appraised by a professional within the last year?**
☐ No
☐ Yes

Part 7: Office furniture, fixtures, and equipment; and collectibles

38. **Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?**
☐ No. Go to Part 8.
☒ Yes. Fill in the information below.
- | General description | Net book value of debtor's interest
(Where available) | Valuation method used for current value | Current value of debtor's interest |
|--|--|---|------------------------------------|
| 39. Office furniture
Furniture | \$ | Book value | \$ 0.00 |
| 40. Office fixtures
Fixtures | \$ | Book value | \$ 0.00 |
| 41. Office equipment, including all computer equipment and communication systems equipment and software
Equipment | \$ 0.00 | Book value | \$ 0.00 |
| 42. Collectibles <i>Examples:</i> Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles | | | |
| 42.1 | \$ | | \$ |
| 42.2 | \$ | | \$ |
| 42.3 | \$ | | \$ |
43. **Total of Part 7.**
Add lines 39 through 42. Copy the total to line 86.
44. **Is a depreciation schedule available for any of the property listed in Part 7?**
☒ No
☐ Yes
45. **Has any of the property listed in Part 7 been appraised by a professional within the last year?**
☒ No
☐ Yes

Part 8: Machinery, equipment, and vehicles

46. Does the debtor own or lease any machinery, equipment, or vehicles?

- ☐ No. Go to Part 9.
- ☒ Yes. Fill in the information below.

General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles			
47.1 1986 Ford Ranger 1FTCR11T6GUA95510	\$ 0.00	Book value	\$ 0.00
47.2 2000 Cargo Trailer 4HXRC202X1C029498	\$ 0.00	Book value	\$ 0.00
47.3 2000 Chevrolet S10 Pickup 1GDT14WXYB30039	\$ 0.00	Book value	\$ 0.00
47.4	\$		\$
48. Watercraft, trailers, motors, and related accessories Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels			
48.1	\$		\$
48.2	\$		\$
49. Aircraft and accessories			
49.1	\$		\$
49.2	\$		\$
50. Other machinery, fixtures, and equipment (excluding farm machinery and equipment)			
Golf and restaurant equipment	\$ 625,332.00		\$ 625,332.00
51. Total of Part 8. Add lines 47 through 50. Copy the total to line 87.			\$ 625,332.00

52. Is a depreciation schedule available for any of the property listed in Part 8?

- ☒ No
- ☐ Yes

53. Has any of the property listed in Part 8 been appraised by a professional within the last year?

- ☒ No
- ☐ Yes

Debtor

Aspen Lakes Golf Course, L.L.C.

Name

Case number (if known) 18-32265

Part 9: Real property**54. Does the debtor own or lease any real property?**

- ☐ No. Go to Part 10.
- ☒ Yes. Fill in the information below.

55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest**Description and location of property**

Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available.

Nature and extent of debtor's interest in property**Net book value of debtor's interest (Where available)****Valuation method used for current value****Current value of debtor's interest**

55.1	Golf course improvements	Owner	\$ 435,312.00	Book value	\$ 435,312.00
55.2			\$		\$
55.3			\$		\$

56. Total of Part 9.

Add the current value on lines 55.1 through 55.3 and entries from any additional sheets. Copy the total to line 88.

\$ 435,312.00

57. Is a depreciation schedule available for any of the property listed in Part 9?

- ☒ No
- ☐ Yes

58. Has any of the property listed in Part 9 been appraised by a professional within the last year?

- ☒ No
- ☐ Yes

Part 10: Intangibles and intellectual property**59. Does the debtor have any interests in intangibles or intellectual property?**

- ☐ No. Go to Part 11.
- ☒ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60. Patents, copyrights, trademarks, and trade secrets			
61. Internet domain names and websites Website	\$	Estimate	\$ 1,000.00
62. Licenses, franchises, and royalties	\$		\$
63. Customer lists, mailing lists, or other compilations	\$		\$
64. Other intangibles, or intellectual property Software	\$ 15,453.00	Estimate	\$ 0.00
65. Goodwill	\$		\$

66. Total of Part 10.

Add lines 60 through 65. Copy the total to line 89.

\$ 1,000.00

- ### Part 11: All other assets

- ☐
- Yes

Debtor

Aspen Lakes Golf Course, L.L.C.

Name

Case number (if known) 18-32265

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form.

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1.</i>	\$ 6,742.48	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	\$	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	\$ 8,667.89	
83. Investments. <i>Copy line 17, Part 4.</i>	\$	
84. Inventory. <i>Copy line 23, Part 5.</i>	\$ 48,260.75	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	\$	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	\$ 0.00	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	\$ 625,332.00	
88. Real property. <i>Copy line 56, Part 9.</i> ➔		\$ 435,312.00
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	\$ 1,000.00	
90. All other assets. <i>Copy line 78, Part 11.</i>	+ \$	
91. Total. Add lines 80 through 90 for each column. 91a.	\$ 690,003.12	+ 91b. \$ 435,312.00
92. Total of all property on Schedule A/B. Lines 91a + 91b = 92.		\$ 1,125,315.12

Fill in this information to identify the case:Debtor name Aspen Lakes Golf Course, L.L.C.United States Bankruptcy Court for the: District of OregonCase number (if known): 18-32265☐ Check if this is an amended filing**Official Form 206D****Schedule D: Creditors Who Have Claims Secured by Property****12/15****Be as complete and accurate as possible.****1. Do any creditors have claims secured by debtor's property?**

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims**2. List in alphabetical order all creditors who have secured claims.** If a creditor has more than one secured claim, list the creditor separately for each claim.

Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim
---	--

2.1 Creditor's name

GT Capital

Describe debtor's property that is subject to a lien

Golf course improvements - 16900 Aspen Lakes Dr, Sisters OR 97759

\$ 4,901,141.00\$ 1,060,644.00**Creditor's mailing address**101 N Main Ave
Suite 325
Sioux Falls, SD 57104**Describe the lien**

Other

Creditor's email address, if knownDate debt was incurred 2/27/2006Last 4 digits of account number **Do multiple creditors have an interest in the same property?**

- ☒ No
- ☐ Yes. Specify each creditor, including this creditor, and its relative priority.

Is the creditor an insider or related party?

- ☒ No
- ☐ Yes

Is anyone else liable on this claim?

- ☐ No
- ☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H).

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

2.2 Creditor's name

John Deere Financial

Describe debtor's property that is subject to a lien

8800 Terraintcut Mower

\$ 5,125.00\$ 10,000.00**Creditor's mailing address**PO Box 6600
Johnston, IA 50131-6600**Describe the lien**

UCC

Creditor's email address, if knownDate debt was incurred 4/1/2016Last 4 digits of account number **Do multiple creditors have an interest in the same property?**

- ☒ No
- ☐ Yes. Have you already specified the relative priority?
- ☐ No. Specify each creditor, including this creditor, and its relative priority.

Is the creditor an insider or related party?

- ☒ No
- ☐ Yes

Is anyone else liable on this claim?

- ☒ No
- ☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H).

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

- ☐ Yes. The relative priority of creditors is specified on lines

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.\$ 4,906,266.00

Fill in this information to identify the case:

Debtor Aspen Lakes Golf Course, L.L.C.

United States Bankruptcy Court for the: District of Oregon

Case number 18-32265
(If known)

☐ Check if this is an amended filing

Official Form 206E/F**Schedule E/F: Creditors Who Have Unsecured Claims****12/15**

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims**1. Do any creditors have priority unsecured claims?** (See 11 U.S.C. § 507).

- ☐ No. Go to Part 2.
- ☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.**2.1** Priority creditor's name and mailing address

Anderson, Maddison M
1121 E Timber Pine Drive
Sisters, OR 97759

Date or dates debt was incurred

43278

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4A)

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Employee

Total claim

\$ 60.17

Priority amount

\$ 60.17

2.2 Priority creditor's name and mailing address

Berg, Jack E
PO Box 1030
Sisters, OR 97759

Date or dates debt was incurred

43278

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4A)

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Employee

\$ 59.97

\$ 59.97

2.3 Priority creditor's name and mailing address

Boxwell, Jackson C
349 S. Pine St
Sisters, OR 97759

Date or dates debt was incurred

43278

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4A)

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Employee

\$ 169.02

\$ 169.02

Part 1. Additional Page

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim

Priority amount

2.4 **Priority creditor's name and mailing address**\$ 532.10 \$ 532.10

Carmack, Cody R
65235 76th
Bend, OR 97701

As of the petition filing date, the claim is:*Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred43278**Basis for the claim:**Employee**Last 4 digits of account number** _____**Is the claim subject to offset?**

- ☒ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4A)

2.5 **Priority creditor's name and mailing address**\$ 277.20 \$ 277.20

Chamberlin, Diana
14590 Mountain View Loop
Sisters, OR 97759

As of the petition filing date, the claim is:*Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred43278**Basis for the claim:**Employee**Last 4 digits of account number** _____**Is the claim subject to offset?**

- ☒ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4A)

2.6 **Priority creditor's name and mailing address**\$ 16.30 \$ 16.30

Cyrus, Alexander B.
17430 Hwy 126
Sisters, OR 97759

As of the petition filing date, the claim is:*Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred43278**Basis for the claim:**Employee**Last 4 digits of account number** _____**Is the claim subject to offset?**

- ☒ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4A)

2.7 **Priority creditor's name and mailing address**\$ 1,953.63 \$ 1,953.63

Cyrus, Kelly K.
16925 Green Drake Court
Sisters, OR 97759

As of the petition filing date, the claim is:*Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred43278**Basis for the claim:**Employee**Last 4 digits of account number** _____**Is the claim subject to offset?**

- ☒ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4A)

Part 1. Additional Page

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim

Priority amount

2.8 Priority creditor's name and mailing address

\$ 5.02 \$ 5.02

Cyrus, William
16925 Green Drake Court
Sisters, OR 97759

As of the petition filing date, the claim is:

Check all that apply.

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Date or dates debt was incurred

43278

Basis for the claim:

Employee

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4A)

Is the claim subject to offset?

- ☒
- No
-
- ☐
- Yes

2.9 Priority creditor's name and mailing address

\$ 274.12 \$ 274.12

Daley, Alexandria M
1015 NW Roanoke Av. Apt 8
Bend, OR 97703

As of the petition filing date, the claim is:

Check all that apply.

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Date or dates debt was incurred

43278

Basis for the claim:

Employee

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4A)

Is the claim subject to offset?

- ☒
- No
-
- ☐
- Yes

2.10 Priority creditor's name and mailing address

\$ 196.49 \$ 196.49

Eagan, Bradley E
15945 Pilot Drive
Sisters, OR 97759

As of the petition filing date, the claim is:

Check all that apply.

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Date or dates debt was incurred

43278

Basis for the claim:

Employee

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4A)

Is the claim subject to offset?

- ☒
- No
-
- ☐
- Yes

2.11 Priority creditor's name and mailing address

\$ 212.07 \$ 212.07

Ferwalt, Ethan W
PO Box 1883
Sisters, OR 97759

As of the petition filing date, the claim is:

Check all that apply.

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Date or dates debt was incurred

43278

Basis for the claim:

Employee

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4A)

Is the claim subject to offset?

- ☒
- No
-
- ☐
- Yes

Part 1. Additional Page

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim

Priority amount

2. 12 Priority creditor's name and mailing address

\$ 936.36 \$ 936.36

Fowler, Brian G.
418 SE Airpark Dr.
Bend, OR 97701

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

43278

Basis for the claim:

Employee

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4A)

Is the claim subject to offset?

- ☒ No
☐ Yes

2. 13 Priority creditor's name and mailing address

\$ 1,386.00 \$ 1,386.00

Garland, Derek
1557 SW 25th St
Redmond, OR 97756

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

43278

Basis for the claim:

Employee

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4A)

Is the claim subject to offset?

- ☒ No
☐ Yes

2. 14 Priority creditor's name and mailing address

\$ 86.72 \$ 86.72

Goodwin, Colton J.
69889 Meadow View Road
Sisters, OR 97759

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

43278

Basis for the claim:

Employee

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4A)

Is the claim subject to offset?

- ☒ No
☐ Yes

2. 15 Priority creditor's name and mailing address

\$ 374.90 \$ 374.90

Green, Sage T.G.
180 NW 27th Ct
Redmond, OR 97756

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

43278

Basis for the claim:

Employee

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4A)

Is the claim subject to offset?

- ☒ No
☐ Yes

Part 1. Additional Page

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim

Priority amount

2.16 **Priority creditor's name and mailing address**

Greener, Joel E
480 NW 16th Place
Redmond, OR 97756

As of the petition filing date, the claim is:*Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 191.24\$ 191.24**Date or dates debt was incurred**43278**Basis for the claim:**Employee**Last 4 digits of account number** _____**Is the claim subject to offset?**

- ☒ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4A)2.17 **Priority creditor's name and mailing address**

Hall, William
19329 Indian Summer Road
Bend, OR 97702

As of the petition filing date, the claim is:*Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 323.40\$ 323.40**Date or dates debt was incurred**43278**Basis for the claim:**Employee**Last 4 digits of account number** _____**Is the claim subject to offset?**

- ☒ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4A)2.18 **Priority creditor's name and mailing address**

Hawes, Colby A
224 SE 5th
Redmond, OR 97756

As of the petition filing date, the claim is:*Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 330.21\$ 330.21**Date or dates debt was incurred**43278**Basis for the claim:**Employee**Last 4 digits of account number** _____**Is the claim subject to offset?**

- ☒ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4A)2.19 **Priority creditor's name and mailing address**

Head, Sydney
69350 Greenridge Loop
Sisters, OR 97759

As of the petition filing date, the claim is:*Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 18.35\$ 18.35**Date or dates debt was incurred**43278**Basis for the claim:**Employee**Last 4 digits of account number** _____**Is the claim subject to offset?**

- ☒ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4A)

Part 1. Additional Page

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim

Priority amount

2. 20	Priority creditor's name and mailing address Helm, Brandon 17374 County Rd 9 Richmond, MN 56368	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 41.16	\$ 41.16
	Date or dates debt was incurred 43278	Basis for the claim: Employee		
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4A _____)			
2. 21	Priority creditor's name and mailing address Hills, Benjamin 17278 Kent Rd Sisters, OR 97759	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 2.67	\$ 2.67
	Date or dates debt was incurred 43278	Basis for the claim: Employee		
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4A _____)			
2. 22	Priority creditor's name and mailing address Hodges, Randall P.O. Box 863 Sisters, OR 97759	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 165.49	\$ 165.49
	Date or dates debt was incurred 43278	Basis for the claim: Employee		
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4A _____)			
2. 23	Priority creditor's name and mailing address Horner, Ty 14861 Crupper Sisters, OR 97759	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 8.20	\$ 8.20
	Date or dates debt was incurred 43278	Basis for the claim: Employee		
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4A _____)			

Part 1. Additional Page

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim

Priority amount

2. 24 Priority creditor's name and mailing address\$ 352.66 \$ 352.66

Houck, Stephen L
3560 NW Ice Ave.
Terrebonne, OR 97759

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

43278

Basis for the claim:

EmployeeLast 4 digits of account
number _____

Is the claim subject to offset?

- ☒ No
☐ Yes

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (4A)2. 25 Priority creditor's name and mailing address\$ 132.43 \$ 132.43

Hull, Jennifer
2020 NE Linea Drive 168Q
Bend, OR 97701

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

43278

Basis for the claim:

EmployeeLast 4 digits of account
number _____

Is the claim subject to offset?

- ☒ No
☐ Yes

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (4A)2. 26 Priority creditor's name and mailing address\$ 371.73 \$ 371.73

Hummel, Sierra B
PO Box 282
Sisters, OR 97759

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

43278

Basis for the claim:

EmployeeLast 4 digits of account
number _____

Is the claim subject to offset?

- ☒ No
☐ Yes

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (4A)2. 27 Priority creditor's name and mailing address\$ 1.85 \$ 1.85

Hummel, Sydney E
PO Box 282
Sisters, OR 97759

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

43278

Basis for the claim:

EmployeeLast 4 digits of account
number _____

Is the claim subject to offset?

- ☒ No
☐ Yes

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (4A)

Part 1. Additional Page

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim

Priority amount

2. 28 Priority creditor's name and mailing addressInternal Revenue Service
Ogden, UT 84201

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 56,864.52\$ 56,864.52

Date or dates debt was incurred

40086

Basis for the claim:

Taxes owed to governmental unitLast 4 digits of account
number _____

Is the claim subject to offset?

- ☒ No
☐ Yes

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (8)2. 29 Priority creditor's name and mailing addressInternal Revenue Service
Ogden, UT 84201

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 1,429.40\$ 1,429.40

Date or dates debt was incurred

43278

Basis for the claim:

Taxes owed to governmental unitLast 4 digits of account
number _____

Is the claim subject to offset?

- ☒ No
☐ Yes

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (8)2. 30 Priority creditor's name and mailing addressJordan, Destiny
1747 NE 7th Street
Redmond, OR 97756

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 68.31\$ 68.31

Date or dates debt was incurred

43278

Basis for the claim:

EmployeeLast 4 digits of account
number _____

Is the claim subject to offset?

- ☒ No
☐ Yes

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (4A)2. 31 Priority creditor's name and mailing addressKnapp, Darrell E.
1110 S. W. 31st "B"
Redmond, OR 97756

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 1,552.76\$ 1,552.76

Date or dates debt was incurred

43278

Basis for the claim:

EmployeeLast 4 digits of account
number _____

Is the claim subject to offset?

- ☒ No
☐ Yes

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (4A)

Part 1. Additional Page

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim

Priority amount

2. <u>32</u>	Priority creditor's name and mailing address Knapp, Lena A. 1110 SW 31st B Redmond, OR 97756	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ <u>856.65</u>	\$ <u>856.65</u>
	Date or dates debt was incurred <u>43278</u>	Basis for the claim: <u>Employee</u>		
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (<u>4A</u>)			
2. <u>33</u>	Priority creditor's name and mailing address Knudsen, Alyssa J 67035 Rock Island Ln. Bend, OR 97703	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ <u>182.87</u>	\$ <u>182.87</u>
	Date or dates debt was incurred <u>43278</u>	Basis for the claim: <u>Employee</u>		
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (<u>4A</u>)			
2. <u>34</u>	Priority creditor's name and mailing address Kramer, Christifer R 2968 SW Obsidian Ln. Redmond, OR 97756	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ <u>46.34</u>	\$ <u>46.34</u>
	Date or dates debt was incurred <u>43278</u>	Basis for the claim: <u>Employee</u>		
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (<u>4A</u>)			
2. <u>35</u>	Priority creditor's name and mailing address Kumle, Vicky F 62936 Florence Dr Bend, OR 97701	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ <u>287.94</u>	\$ <u>287.94</u>
	Date or dates debt was incurred <u>43278</u>	Basis for the claim: <u>Employee</u>		
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (<u>4A</u>)			

Part 1. Additional Page

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim

Priority amount

2. 36 Priority creditor's name and mailing address

Mallory, Valerie J
1858 NE 7th St.
Redmond, OR 97756

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 521.10\$ 521.10

Date or dates debt was incurred

43278

Basis for the claim:

EmployeeLast 4 digits of account
number _____

Is the claim subject to offset?

- ☒ No
☐ Yes

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (4A)2. 37 Priority creditor's name and mailing address

Malone, Robert
1690 Aspen Lakes Dr
Sisters, OR 97759

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 207.30\$ 207.30

Date or dates debt was incurred

43278

Basis for the claim:

EmployeeLast 4 digits of account
number _____

Is the claim subject to offset?

- ☒ No
☐ Yes

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (4A)2. 38 Priority creditor's name and mailing address

McCain-Aldrich, Evin
unavailable
, OR

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 330.20\$ 330.20

Date or dates debt was incurred

43278

Basis for the claim:

EmployeeLast 4 digits of account
number _____

Is the claim subject to offset?

- ☒ No
☐ Yes

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (4A)2. 39 Priority creditor's name and mailing address

McCain-Aldrich, Michael
PO Box 1403
Sisters, OR 97759

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 644.80\$ 644.80

Date or dates debt was incurred

43278

Basis for the claim:

EmployeeLast 4 digits of account
number _____

Is the claim subject to offset?

- ☒ No
☐ Yes

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (4A)

Part 1. Additional Page

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim

Priority amount

2. 40	Priority creditor's name and mailing address Mitchell, Nolan B 69339 Hinkle Butte Sisters, OR 97759	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 288.00	\$ 288.00
	Date or dates debt was incurred 43278	Basis for the claim: Employee		
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4A _____)			
2. 41	Priority creditor's name and mailing address Mitchell, Pamela K 69339 Hinkle Butte Sisters, OR 97759	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 1,010.80	\$ 1,010.80
	Date or dates debt was incurred 43278	Basis for the claim: Employee		
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4A _____)			
2. 42	Priority creditor's name and mailing address Montecinos, Nancy 1100 E Highway 20 Spc 2A Sisters, OR 97759	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 179.89	\$ 179.89
	Date or dates debt was incurred 43278	Basis for the claim: Employee		
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4A _____)			
2. 43	Priority creditor's name and mailing address Nance, Pam S. 7465 NW Eagle Dr. Redmond, OR 97756	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 270.64	\$ 270.64
	Date or dates debt was incurred 43278	Basis for the claim: Employee		
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4A _____)			

Part 1. Additional Page

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim

Priority amount

2.44 Priority creditor's name and mailing address

Newport, Nickalaus A
734 E Green Ridge Ave
Sisters, OR 97759

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 84.36

\$ 84.36

Date or dates debt was incurred

43278

Basis for the claim:

Employee

Last 4 digits of account
number

Is the claim subject to offset?

- ☒ No
☐ Yes

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (4A)

2.45 Priority creditor's name and mailing address

Nicklous, Samuel J
18365 Fryrear Ranch Rd
Bend, OR 97703

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 252.66

\$ 252.66

Date or dates debt was incurred

43278

Basis for the claim:

Employee

Last 4 digits of account
number

Is the claim subject to offset?

- ☒ No
☐ Yes

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (4A)

2.46 Priority creditor's name and mailing address

Peplin, Joshua G
1310 NW 57th St
Redmond, OR 97756

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 60.21

\$ 60.21

Date or dates debt was incurred

43278

Basis for the claim:

Employee

Last 4 digits of account
number

Is the claim subject to offset?

- ☒ No
☐ Yes

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (4A)

2.47 Priority creditor's name and mailing address

Perepchuk, Jordan P
232 NW Fir Avenue
Redmond, OR 97756

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 351.96

\$ 351.96

Date or dates debt was incurred

43278

Basis for the claim:

Employee

Last 4 digits of account
number

Is the claim subject to offset?

- ☒ No
☐ Yes

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (4A)

Part 1. Additional Page

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim

Priority amount

2. 48 Priority creditor's name and mailing address\$ 7.79 \$ 7.79

Powell, Tyler
3031 NW 19th St.
Redmond, OR 97756

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

43278

Basis for the claim:

Employee

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4A)

Is the claim subject to offset?

- ☒ No
☐ Yes

2. 49 Priority creditor's name and mailing address\$ 266.39 \$ 266.39

Pruitt, Howie
60756 Currant Way
Bend, OR 97702

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

43278

Basis for the claim:

Employee

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4A)

Is the claim subject to offset?

- ☒ No
☐ Yes

2. 50 Priority creditor's name and mailing address\$ 96.98 \$ 96.98

Rose, Gary
10129 Middle Ridge Dr
Las Vegas, NV 89134

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

43278

Basis for the claim:

Employee

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4A)

Is the claim subject to offset?

- ☒ No
☐ Yes

2. 51 Priority creditor's name and mailing address\$ 257.17 \$ 257.17

Rush, Isaiah P
1255 W. McKinney Butte Rd Bldg A
Sisters, OR 97759

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

43278

Basis for the claim:

Employee

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4A)

Is the claim subject to offset?

- ☒ No
☐ Yes

Part 1. Additional Page

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim

Priority amount

2. <u>52</u>	Priority creditor's name and mailing address Staggs, Dale A 19115 Choctaw Rd Bend, OR 97702	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ <u>243.18</u>	\$ <u>243.18</u>
	Date or dates debt was incurred <u>43278</u>	Basis for the claim: <u>Employee</u>		
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (<u>4A</u>)			
2. <u>53</u>	Priority creditor's name and mailing address Staggs, Roger A 19115 Choctaw Rd Bend, OR 97702	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ <u>235.76</u>	\$ <u>235.76</u>
	Date or dates debt was incurred <u>43278</u>	Basis for the claim: <u>Employee</u>		
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (<u>4A</u>)			
2. <u>54</u>	Priority creditor's name and mailing address Stone, Courtney E 2965 NE Worthington Ct Apt 1 Bend, OR 97701	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ <u>591.47</u>	\$ <u>591.47</u>
	Date or dates debt was incurred <u>43278</u>	Basis for the claim: <u>Employee</u>		
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (<u>4A</u>)			
2. <u>55</u>	Priority creditor's name and mailing address Tomlinson, Aaron 520 NE Dalton St # G202 Bend, OR 97701	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ <u>354.82</u>	\$ <u>354.82</u>
	Date or dates debt was incurred <u>43278</u>	Basis for the claim: <u>Employee</u>		
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (<u>4A</u>)			

Part 1. Additional Page

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim

Priority amount

2. <u>56</u>	Priority creditor's name and mailing address Ulam, Keith R 3343 NW Cedar Ave Redmond, OR 97756	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ <u>163.94</u>	\$ <u>163.94</u>
	Date or dates debt was incurred <u>43278</u>	Basis for the claim: <u>Employee</u>		
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (<u>4A</u>)			
2. <u>57</u>	Priority creditor's name and mailing address Valder, Jonathan 16952 Royal Coachman Dr. Sisters, OR 97759	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ <u>2.26</u>	\$ <u>2.26</u>
	Date or dates debt was incurred <u>43278</u>	Basis for the claim: <u>Employee</u>		
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (<u>4A</u>)			
2. <u>58</u>	Priority creditor's name and mailing address Van Amburgh, Micaela L 14911 Snaffelbit Sisters, OR 97759	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ <u>196.19</u>	\$ <u>196.19</u>
	Date or dates debt was incurred <u>43278</u>	Basis for the claim: <u>Employee</u>		
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (<u>4A</u>)			
2. <u>59</u>	Priority creditor's name and mailing address Walker, Kevin R 68710 Willow Lane Sisters, OR 97759	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ <u>944.44</u>	\$ <u>944.44</u>
	Date or dates debt was incurred <u>43278</u>	Basis for the claim: <u>Employee</u>		
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (<u>4A</u>)			

Part 1. Additional Page

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim

Priority amount

2. <u>60</u>	Priority creditor's name and mailing address Weisman, Wyatt F 982 NW Madras Hwy Prineville, OR 97754	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ <u>459.01</u>	\$ <u>459.01</u>
	Date or dates debt was incurred <u>43278</u>	Basis for the claim: <u>Employee</u>		
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (<u>4A</u>)			
2. <u>61</u>	Priority creditor's name and mailing address Welch, Jake A 1019 Yapoh Crater Drive Sisters, OR 97759	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ <u>372.68</u>	\$ <u>372.68</u>
	Date or dates debt was incurred <u>43278</u>	Basis for the claim: <u>Employee</u>		
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (<u>4A</u>)			
2. <u>62</u>	Priority creditor's name and mailing address Whitley, Seth 4035 SW Majestic Avenue Redmond, OR 97756	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ <u>8.96</u>	\$ <u>8.96</u>
	Date or dates debt was incurred <u>43278</u>	Basis for the claim: <u>Employee</u>		
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (<u>4A</u>)			
2. <u>63</u>	Priority creditor's name and mailing address Wright, Destiny R. 844 Yosemite Falls Drive Redmond, OR 97756	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ <u>711.14</u>	\$ <u>711.14</u>
	Date or dates debt was incurred <u>43278</u>	Basis for the claim: <u>Employee</u>		
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (<u>4A</u>)			

Part 1. Additional Page

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim

Priority amount

2. <u>64</u>	Priority creditor's name and mailing address Wright, Peyton 543 Goshawk Drive Redmond, OR 97756	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ <u>503.91</u>	\$ <u>503.91</u>
	Date or dates debt was incurred <u>43278</u>	Basis for the claim: <u>Employee</u>		
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (<u>4A</u>)			
2. _____	Priority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ _____	\$ _____
	Date or dates debt was incurred _____	Basis for the claim: _____		
	Last 4 digits of account number _____	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (____)			
2. _____	Priority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ _____	\$ _____
	Date or dates debt was incurred _____	Basis for the claim: _____		
	Last 4 digits of account number _____	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (____)			
2. _____	Priority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ _____	\$ _____
	Date or dates debt was incurred _____	Basis for the claim: _____		
	Last 4 digits of account number _____	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (____)			
2. _____	Priority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ _____	\$ _____
	Date or dates debt was incurred _____	Basis for the claim: _____		
	Last 4 digits of account number _____	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (____)			

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 4 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim
3.1 Nonpriority creditor's name and mailing address 1-2-1 Marketing 151 N Maitland Ave, #948193 Maitland, FL 32751	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Accounts Payable</u>	\$ <u>1,194.00</u>
Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.2 Nonpriority creditor's name and mailing address Absolute Fire Protection, LLC PO Box 6392 Bend, OR 97708 	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Accounts Payable</u>	\$ <u>852.00</u>
Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.3 Nonpriority creditor's name and mailing address Aileen & Tyler Weaver 20456 SW Marimar St. Beaverton, OR 97078 A	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Accounts Payable</u>	\$ <u>1,750.00</u>
Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.4 Nonpriority creditor's name and mailing address Aloha Produce 20576 Painter Street Bend, OR 97701	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Accounts Payable</u>	\$ <u>1,847.79</u>
Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.5 Nonpriority creditor's name and mailing address Alyssia Norris 3593 SW Pumica Ave Redmond, OR 97756	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Accounts Payable</u>	\$ <u>1,750.00</u>
Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.6 Nonpriority creditor's name and mailing address Andrew & Sadaf 1895 NW Remarkable Drive Bend, OR 97703-5430	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Accounts Payable</u>	\$ <u>1,750.00</u>
Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2: Additional Page

7 cdmh [g'dU[Y'cb'm]Za cfYgdUWY]g'bYYXYX"7 cbhbi Y'bi a VYf]b['h Y"bYg'gYei YbhU'mZca 'h Y' dfY]ci g'dU[Y"Zbc'UXX]hcbU'BCBDF-CF+M'WYX]hcf'Yi]ghZxc bchZ"ci hcf'gi Va]hih]g'dU[Y"		5 a ci bhicZWUja
<p>3.7 Bcbdf]cf]ImiWYX]hcf]bUa Y'UbX'a U]b['UXXfYgg'</p> <p>Aspen Investments, L.L.C. 16900 Aspen Lakes Dr Sisters, OR 97759</p> <p>8 UH'cf'XUH'g'XYVhik Ug]bW ffYX' _____ @gh('X]]hg'cZUWti bhibi a VYf' _____</p>	<p>5 g'cZk Y'dYh]hcb'Z]b['XUHZH Y'WUja]g. _____ Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>6 Ug]g'Zf'h Y'WUja . Accounts Payable _____</p> <p>8 UH'cf'XUH'g'XYVhik Ug]bW ffYX' _____ @gh('X]]hg'cZUWti bhibi a VYf' _____</p> <p>gi'Y'WUja 'gi V'YWhic'cZgYf8 <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ 335,852.20</p>
<p>3.8 Bcbdf]cf]ImiWYX]hcf]bUa Y'UbX'a U]b['UXXfYgg'</p> <p>Aspen Lakes Utility Company, L.L.C. 16900 Aspen Lakes Dr Sisters, OR 97759</p> <p>8 UH'cf'XUH'g'XYVhik Ug]bW ffYX' _____ @gh('X]]hg'cZUWti bhibi a VYf' _____</p>	<p>5 g'cZk Y'dYh]hcb'Z]b['XUHZH Y'WUja]g. _____ Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>6 Ug]g'Zf'h Y'WUja . Accounts Payable _____</p> <p>8 UH'cf'XUH'g'XYVhik Ug]bW ffYX' _____ @gh('X]]hg'cZUWti bhibi a VYf' _____</p> <p>gi'Y'WUja 'gi V'YWhic'cZgYf8 <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ 28,220.44</p>
<p>3.9 Bcbdf]cf]ImiWYX]hcf]bUa Y'UbX'a U]b['UXXfYgg'</p> <p>Barnes Quality Pest Control Inc 1030 S.E. 3rd #6 Bend, OR 97702</p> <p>8 UH'cf'XUH'g'XYVhik Ug]bW ffYX' _____ @gh('X]]hg'cZUWti bhibi a VYf' _____</p>	<p>5 g'cZk Y'dYh]hcb'Z]b['XUHZH Y'WUja]g. _____ Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>6 Ug]g'Zf'h Y'WUja . Accounts Payable _____</p> <p>8 UH'cf'XUH'g'XYVhik Ug]bW ffYX' _____ @gh('X]]hg'cZUWti bhibi a VYf' _____</p> <p>gi'Y'WUja 'gi V'YWhic'cZgYf8 <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ 60.00</p>
<p>3.10 Bcbdf]cf]ImiWYX]hcf]bUa Y'UbX'a U]b['UXXfYgg'</p> <p>Battery Systems 12322 Monarch Street Garden Grove, CA 92841</p> <p>8 UH'cf'XUH'g'XYVhik Ug]bW ffYX' _____ @gh('X]]hg'cZUWti bhibi a VYf' _____</p>	<p>5 g'cZk Y'dYh]hcb'Z]b['XUHZH Y'WUja]g. _____ Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>6 Ug]g'Zf'h Y'WUja . Accounts Payable _____</p> <p>8 UH'cf'XUH'g'XYVhik Ug]bW ffYX' _____ @gh('X]]hg'cZUWti bhibi a VYf' _____</p> <p>gi'Y'WUja 'gi V'YWhic'cZgYf8 <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ 1,500.00</p>
<p>3.11 Bcbdf]cf]ImiWYX]hcf]bUa Y'UbX'a U]b['UXXfYgg'</p> <p>Baxter Auto Parts 9444 N Whitaker Road Portland, OR 97217</p> <p>8 UH'cf'XUH'g'XYVhik Ug]bW ffYX' _____ @gh('X]]hg'cZUWti bhibi a VYf' _____</p>	<p>5 g'cZk Y'dYh]hcb'Z]b['XUHZH Y'WUja]g. _____ Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>6 Ug]g'Zf'h Y'WUja . Accounts Payable _____</p> <p>8 UH'cf'XUH'g'XYVhik Ug]bW ffYX' _____ @gh('X]]hg'cZUWti bhibi a VYf' _____</p> <p>gi'Y'WUja 'gi V'YWhic'cZgYf8 <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ 88.48</p>

Part 2: Additional Page

7 cdmh [g'dU[Y'cb'm]Za cfYgdUWY]g'bYYXYX"7 cbhbi Y'bi a VYf]b['h Y'"bYg'gYei YbhU'mZca 'h Y' dfY]ci g'dU[Y"=Zbc'UXX]hcbU'BCBDF=CF+M'WYX]hcf'Yi]ghZxc bchZ'"ci hcf'gi Va]hih]g'dU[Y"		5 a ci bhicZWUja
3.12 Bcbdf]cf]ImiWYX]hcf]bUa Y'UbX'a U]b['UXXfYgg' Brad Moore Unknown	5 g'cZk Y'dYh]hcb'Z]b['XUHZH Y'WUja]g. Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 1,750.00
8 UH'cf'XUHg'XYVhk Ug]bW ffYX' @gh('X][]hg'cZUWti bhibi a VYf'	6 Ug]g'Zf'h Y'WUja . Accounts Payable 8 UH'cf'XUHg'XYVhk Ug]bW ffYX' @gh('X][]hg'cZUWti bhibi a VYf'	
3.13 Bcbdf]cf]ImiWYX]hcf]bUa Y'UbX'a U]b['UXXfYgg' Bridgestone Golf, Inc. P.O. Box 2908 Carol Stream, IL 60132-2908	5 g'cZk Y'dYh]hcb'Z]b['XUHZH Y'WUja]g. Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 2,409.99
8 UH'cf'XUHg'XYVhk Ug]bW ffYX' @gh('X][]hg'cZUWti bhibi a VYf'	6 Ug]g'Zf'h Y'WUja . Accounts Payable 8 UH'cf'XUHg'XYVhk Ug]bW ffYX' @gh('X][]hg'cZUWti bhibi a VYf'	
3.14 Bcbdf]cf]ImiWYX]hcf]bUa Y'UbX'a U]b['UXXfYgg' Canon Financial Services, Inc. 14904 Collections Center Drive Chicago, IL 60693-0149	5 g'cZk Y'dYh]hcb'Z]b['XUHZH Y'WUja]g. Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 197.29
8 UH'cf'XUHg'XYVhk Ug]bW ffYX' @gh('X][]hg'cZUWti bhibi a VYf'	6 Ug]g'Zf'h Y'WUja . Accounts Payable 8 UH'cf'XUHg'XYVhk Ug]bW ffYX' @gh('X][]hg'cZUWti bhibi a VYf'	
3.15 Bcbdf]cf]ImiWYX]hcf]bUa Y'UbX'a U]b['UXXfYgg' Carrie Rosenberg 9309 Sand Verbena Trail NE Albuquerque, NM 87122	5 g'cZk Y'dYh]hcb'Z]b['XUHZH Y'WUja]g. Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 100.00
8 UH'cf'XUHg'XYVhk Ug]bW ffYX' @gh('X][]hg'cZUWti bhibi a VYf'	6 Ug]g'Zf'h Y'WUja . Accounts Payable 8 UH'cf'XUHg'XYVhk Ug]bW ffYX' @gh('X][]hg'cZUWti bhibi a VYf'	
3.16 Bcbdf]cf]ImiWYX]hcf]bUa Y'UbX'a U]b['UXXfYgg' Cascade Heating & Specialties, Inc. 1507 N.E. First, Suite A Bend, OR 97701	5 g'cZk Y'dYh]hcb'Z]b['XUHZH Y'WUja]g. Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 3,678.04
8 UH'cf'XUHg'XYVhk Ug]bW ffYX' @gh('X][]hg'cZUWti bhibi a VYf'	6 Ug]g'Zf'h Y'WUja . Accounts Payable 8 UH'cf'XUHg'XYVhk Ug]bW ffYX' @gh('X][]hg'cZUWti bhibi a VYf'	

Part 2: Additional Page

7 cdmh [g'dU[Y'cb'm]Za cfYgdUW[]g'bYYXYX"7 cbh]bi Y'bi a VYf]b['h Y'"bYg'gYei Yb]U'mZca 'h Y' dfY]ci g'dU[Y"Zbc'UXX]hcbU'BCBDF-CF+M'WYX]hcf'Yi]ghZxc bchZ]'ci hcf'gi Va]hih]g'dU[Y"		5 a ci bhicZWUja
3.17 Bcbdf]cf]ImiWYX]hcf]bUa Y'UbX'a U]]b['UXXfYgg' Cascade Wedding Show fka Central Oregon Weddings 704 NW Georgia Avenue Bend, OR 97703	5 g'cZk Y'dYh]hcb'Z]]b['XUHZH Y'WUja]g. Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 300.00
8 UH'cf'XUHg'XYVhk Ug]]bW ffYX' @gh('X]]hg'cZUWti bhibi a VYf'	6 Ug]g'Zf'h Y'WUja . Accounts Payable g'h Y'WUja 'gi V'WWhc'cZgYf8 <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.18 Bcbdf]cf]ImiWYX]hcf]bUa Y'UbX'a U]]b['UXXfYgg' Central Electric Coop 0088 ASPL ClubH PO Box 846 Redmond, OR 97756-0187	5 g'cZk Y'dYh]hcb'Z]]b['XUHZH Y'WUja]g. Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 25.61
8 UH'cf'XUHg'XYVhk Ug]]bW ffYX' @gh('X]]hg'cZUWti bhibi a VYf'	6 Ug]g'Zf'h Y'WUja . Accounts Payable g'h Y'WUja 'gi V'WWhc'cZgYf8 <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.19 Bcbdf]cf]ImiWYX]hcf]bUa Y'UbX'a U]]b['UXXfYgg' Central Electric Coop 0100 Maint PO Box 846 Redmond, OR 97756-0187	5 g'cZk Y'dYh]hcb'Z]]b['XUHZH Y'WUja]g. Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 69.28
8 UH'cf'XUHg'XYVhk Ug]]bW ffYX' @gh('X]]hg'cZUWti bhibi a VYf'	6 Ug]g'Zf'h Y'WUja . Accounts Payable g'h Y'WUja 'gi V'WWhc'cZgYf8 <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.20 Bcbdf]cf]ImiWYX]hcf]bUa Y'UbX'a U]]b['UXXfYgg' Central Electric Coop 6100 CRT-Restrooms PO Box 846 Redmond, OR 97756-0187	5 g'cZk Y'dYh]hcb'Z]]b['XUHZH Y'WUja]g. Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 47.51
8 UH'cf'XUHg'XYVhk Ug]]bW ffYX' @gh('X]]hg'cZUWti bhibi a VYf'	6 Ug]g'Zf'h Y'WUja . Accounts Payable g'h Y'WUja 'gi V'WWhc'cZgYf8 <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.21 Bcbdf]cf]ImiWYX]hcf]bUa Y'UbX'a U]]b['UXXfYgg' Central Electric Cooperative PO Box 846 Redmond, OR 97756-0187	5 g'cZk Y'dYh]hcb'Z]]b['XUHZH Y'WUja]g. Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 1,316.35
8 UH'cf'XUHg'XYVhk Ug]]bW ffYX' @gh('X]]hg'cZUWti bhibi a VYf'	6 Ug]g'Zf'h Y'WUja . Accounts Payable g'h Y'WUja 'gi V'WWhc'cZgYf8 <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2: Additional Page

7 cdmh [g'dU[Y'cb'm]Za cfYgdUWY]g'bYYXYX"7 cbhbi Y'bi a VYf]b['h Y"bYg'gYei YbhU'mZca 'h Y
dfY]ci g'dU[Y"Zbc'UXX]hcbU'BCBDF=CF+M'WYX]hcf'Yi]ghZxc bchZ"ci hcf'gi Va]hih [g'dU[Y"

5 a ci bhicZWUja

3.22 Bcbdf]cf]ImiWYX]hcf]bUa Y'UbX'a U]b['UXXfYgg

CIT Group/Commercial Services, Inc.
PO Box 1036,
Charlotte, NC 28201-1036

5 g'cZk Y'dYh]hcb'Z]b['XUHZH Y'WUja]g.

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 729.43

6 U]g]Z'f'h Y'WUja . Accounts Payable

8 UH'cf'XUHg'XYVhk Ug]bW ffYX'

@gh('X][]hg'cZUWti bhibi a VYf'

gi Y'WUja 'gi V'WWhc'cZgYf8

- ☒ No
☐ Yes

3.23 Bcbdf]cf]ImiWYX]hcf]bUa Y'UbX'a U]b['UXXfYgg

Copiers Northwest
601 Dexter Ave. N
Seattle, WA 98109

5 g'cZk Y'dYh]hcb'Z]b['XUHZH Y'WUja]g.

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 140.64

6 U]g]Z'f'h Y'WUja . Accounts Payable

8 UH'cf'XUHg'XYVhk Ug]bW ffYX'

@gh('X][]hg'cZUWti bhibi a VYf'

gi Y'WUja 'gi V'WWhc'cZgYf8

- ☒ No
☐ Yes

3.24 Bcbdf]cf]ImiWYX]hcf]bUa Y'UbX'a U]b['UXXfYgg

Eberhard's Dairy Products
P.O. Box 845
Redmond, OR 97756

5 g'cZk Y'dYh]hcb'Z]b['XUHZH Y'WUja]g.

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 360.20

6 U]g]Z'f'h Y'WUja . Accounts Payable

8 UH'cf'XUHg'XYVhk Ug]bW ffYX'

@gh('X][]hg'cZUWti bhibi a VYf'

gi Y'WUja 'gi V'WWhc'cZgYf8

- ☒ No
☐ Yes

3.25 Bcbdf]cf]ImiWYX]hcf]bUa Y'UbX'a U]b['UXXfYgg

Ed Staub & Sons
P.O. Box 1244
Redmond, OR 97756

5 g'cZk Y'dYh]hcb'Z]b['XUHZH Y'WUja]g.

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 664.05

6 U]g]Z'f'h Y'WUja . Accounts Payable

8 UH'cf'XUHg'XYVhk Ug]bW ffYX'

@gh('X][]hg'cZUWti bhibi a VYf'

gi Y'WUja 'gi V'WWhc'cZgYf8

- ☒ No
☐ Yes

3.26 Bcbdf]cf]ImiWYX]hcf]bUa Y'UbX'a U]b['UXXfYgg

Emilee & Jordan Wagoner
Unknown

5 g'cZk Y'dYh]hcb'Z]b['XUHZH Y'WUja]g.

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 1,750.00

6 U]g]Z'f'h Y'WUja . Accounts Payable

8 UH'cf'XUHg'XYVhk Ug]bW ffYX'

@gh('X][]hg'cZUWti bhibi a VYf'

gi Y'WUja 'gi V'WWhc'cZgYf8

- ☒ No
☐ Yes

Part 2: Additional Page

7 cdmh [g'dU[Y'cb'm]Za cfYgdUWY]g'bYYXYX"7 cbhbi Y'bi a VYf]b['h Y"bYg'gYei YbhU'mZca 'h Y
dfY]ci g'dU[Y"Zbc'UXX]hcbU'BCBDF=CF+M'WYX]hcg'Yi]ghZxc bchZ"ci hcf'gi Va]hih]g'dU[Y"

5 a ci bhicZWUja

3.27 Bcbdf]cf]ImiWYX]hcf]bUa Y'UbX'a U]b['UXXfYgg'

Folds of Honor Foundation
5800 North Patriot Drive
Owasso, OK 74055

5 g'cZk Y'dYh]hcb'Z]b['XUHZN Y'WUja]g.

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 2,192.00

6 U]g]Z'f'h Y'WUja . Accounts Payable

8 UH'cf'XUHg'XYVhk U]bW ffYX'

@Ugh('X]]hg'cZUWti bhbi a VYf'

g'h Y'WUja 'gi V'WWhc'cZgYf8

- ☒ No
☐ Yes

3.28 Bcbdf]cf]ImiWYX]hcf]bUa Y'UbX'a U]b['UXXfYgg'

Franz Family Bakeries
PO Box 742654
Los Angeles, CA 90074-2654

5 g'cZk Y'dYh]hcb'Z]b['XUHZN Y'WUja]g.

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 316.29

6 U]g]Z'f'h Y'WUja . Accounts Payable

8 UH'cf'XUHg'XYVhk U]bW ffYX'

@Ugh('X]]hg'cZUWti bhbi a VYf'

g'h Y'WUja 'gi V'WWhc'cZgYf8

- ☒ No
☐ Yes

3.29 Bcbdf]cf]ImiWYX]hcf]bUa Y'UbX'a U]b['UXXfYgg'

Fred Meyer
Unknown

5 g'cZk Y'dYh]hcb'Z]b['XUHZN Y'WUja]g.

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 250.00

6 U]g]Z'f'h Y'WUja . Accounts Payable

8 UH'cf'XUHg'XYVhk U]bW ffYX'

@Ugh('X]]hg'cZUWti bhbi a VYf'

g'h Y'WUja 'gi V'WWhc'cZgYf8

- ☒ No
☐ Yes

3.30 Bcbdf]cf]ImiWYX]hcf]bUa Y'UbX'a U]b['UXXfYgg'

Gina & Chris Elliott
Unknown

5 g'cZk Y'dYh]hcb'Z]b['XUHZN Y'WUja]g.

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 1,750.00

6 U]g]Z'f'h Y'WUja . Accounts Payable

8 UH'cf'XUHg'XYVhk U]bW ffYX'

@Ugh('X]]hg'cZUWti bhbi a VYf'

g'h Y'WUja 'gi V'WWhc'cZgYf8

- ☒ No
☐ Yes

3.31 Bcbdf]cf]ImiWYX]hcf]bUa Y'UbX'a U]b['UXXfYgg'

Golf Boards
61239 Tetherow Dr. #211
Bend, OR 97702

5 g'cZk Y'dYh]hcb'Z]b['XUHZN Y'WUja]g.

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 2,648.00

6 U]g]Z'f'h Y'WUja . Accounts Payable

8 UH'cf'XUHg'XYVhk U]bW ffYX'

@Ugh('X]]hg'cZUWti bhbi a VYf'

g'h Y'WUja 'gi V'WWhc'cZgYf8

- ☒ No
☐ Yes

Part 2: Additional Page

7 cdmh [g'dU[Y'cb'm]Za cfYgdUWY]g'bYYXYX"7 cbhbi Y'bi a VYf]b['h Y"bYg'gYei Yb]U'mZca 'h Y' dfY]ci g'dU[Y"Zbc'UXX]hcbU'BCBDFCF+M'WYX]hcf'Yi]ghZxc bchZ"ci hcf'gi Va]hih]g'dU[Y"

5 a ci bhicZWUja

3.32 Bcbdf]cf]ImiWYX]hcf]bUa Y'UbX'a U]b['UXXfYgg'

H.D. Fowler Company
P.O. Box 84368
Seattle, WA 98124-5668

5 g'cZk Y'dYh]hcb'Z]b['XUHZh Y'WUja]g.

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 225.61

6 U]g]Zf'h Y'WUja . Accounts Payable

8 UH'cf'XUHY'XYVhk Ug]bW ffYX'

@gh('X]]hg'cZUWti bhibi a VYf'

gi Y'WUja 'gi V'WWhc'cZgYf8

- ☒ No
☐ Yes

3.33 Bcbdf]cf]ImiWYX]hcf]bUa Y'UbX'a U]b['UXXfYgg'

High Country Disposal
P.O. Box 296
Redmond, OR 97756

5 g'cZk Y'dYh]hcb'Z]b['XUHZh Y'WUja]g.

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 426.84

6 U]g]Zf'h Y'WUja . Accounts Payable

8 UH'cf'XUHY'XYVhk Ug]bW ffYX'

@gh('X]]hg'cZUWti bhibi a VYf'

gi Y'WUja 'gi V'WWhc'cZgYf8

- ☒ No
☐ Yes

3.34 Bcbdf]cf]ImiWYX]hcf]bUa Y'UbX'a U]b['UXXfYgg'

High Desert Automotive Supply
2250 S Hwy 97
Redmond, OR 97756

5 g'cZk Y'dYh]hcb'Z]b['XUHZh Y'WUja]g.

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 1,212.64

6 U]g]Zf'h Y'WUja . Accounts Payable

8 UH'cf'XUHY'XYVhk Ug]bW ffYX'

@gh('X]]hg'cZUWti bhibi a VYf'

gi Y'WUja 'gi V'WWhc'cZgYf8

- ☒ No
☐ Yes

3.35 Bcbdf]cf]ImiWYX]hcf]bUa Y'UbX'a U]b['UXXfYgg'

Inside Golf Newspaper
PO Box 1890
Port Townsend, WA 98368

5 g'cZk Y'dYh]hcb'Z]b['XUHZh Y'WUja]g.

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 450.00

6 U]g]Zf'h Y'WUja . Accounts Payable

8 UH'cf'XUHY'XYVhk Ug]bW ffYX'

@gh('X]]hg'cZUWti bhibi a VYf'

gi Y'WUja 'gi V'WWhc'cZgYf8

- ☒ No
☐ Yes

3.36 Bcbdf]cf]ImiWYX]hcf]bUa Y'UbX'a U]b['UXXfYgg'

Kelsi Choquette
Unknown

5 g'cZk Y'dYh]hcb'Z]b['XUHZh Y'WUja]g.

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 1,750.00

6 U]g]Zf'h Y'WUja . Accounts Payable

8 UH'cf'XUHY'XYVhk Ug]bW ffYX'

@gh('X]]hg'cZUWti bhibi a VYf'

gi Y'WUja 'gi V'WWhc'cZgYf8

- ☒ No
☐ Yes

Part 2: Additional Page

7 cdmh [g'dU[Y'cb'm]Za cfYgdUWY]g'bYYXYX"7 cbhbi Y'bi a VYf]b['h Y"bYg'gYei YbhU'mZca 'h Y dfY]jci g'dU[Y"Zbc'UXX]hcbU'BCBDFCF+M'WYX]hcf'Yi]ghZxc bchZ"ci hcf'gi Va]hih]g'dU[Y"		5 a ci bhicZWUja
3.37 Bcbdf]cf]ImiWYX]hcf]bUa Y'UbX'a U]b['UXXfYgg' Ken Yegge PO Box 950 Redmond, OR 97756	5 g'cZk Y'dYh]hcb'Z]b['XUHZH Y'WUja]g. Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 958.00
8 UH'cf'XUHg'XYVhik Ug]bW ffYX' @gh('X][]hg'cZUWti bhibi a VYf'	6 Ug]g'Zf'h Y'WUja . Accounts Payable 8 UH'cf'XUHg'XYVhik Ug]bW ffYX' @gh('X][]hg'cZUWti bhibi a VYf'	5 g'cZk Y'dYh]hcb'Z]b['XUHZH Y'WUja]g. Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed 6 Ug]g'Zf'h Y'WUja . Accounts Payable 8 UH'cf'XUHg'XYVhik Ug]bW ffYX' @gh('X][]hg'cZUWti bhibi a VYf'
3.38 Bcbdf]cf]ImiWYX]hcf]bUa Y'UbX'a U]b['UXXfYgg' Marci Calavan Unknown	5 g'cZk Y'dYh]hcb'Z]b['XUHZH Y'WUja]g. Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 1,750.00
8 UH'cf'XUHg'XYVhik Ug]bW ffYX' @gh('X][]hg'cZUWti bhibi a VYf'	6 Ug]g'Zf'h Y'WUja . Accounts Payable 8 UH'cf'XUHg'XYVhik Ug]bW ffYX' @gh('X][]hg'cZUWti bhibi a VYf'	5 g'cZk Y'dYh]hcb'Z]b['XUHZH Y'WUja]g. Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed 6 Ug]g'Zf'h Y'WUja . Accounts Payable 8 UH'cf'XUHg'XYVhik Ug]bW ffYX' @gh('X][]hg'cZUWti bhibi a VYf'
3.39 Bcbdf]cf]ImiWYX]hcf]bUa Y'UbX'a U]b['UXXfYgg' Mary & Jeff Weisensee 12006 SE 36th Ave Milwaukie, OR 97222	5 g'cZk Y'dYh]hcb'Z]b['XUHZH Y'WUja]g. Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 1,750.00
8 UH'cf'XUHg'XYVhik Ug]bW ffYX' @gh('X][]hg'cZUWti bhibi a VYf'	6 Ug]g'Zf'h Y'WUja . Accounts Payable 8 UH'cf'XUHg'XYVhik Ug]bW ffYX' @gh('X][]hg'cZUWti bhibi a VYf'	5 g'cZk Y'dYh]hcb'Z]b['XUHZH Y'WUja]g. Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed 6 Ug]g'Zf'h Y'WUja . Accounts Payable 8 UH'cf'XUHg'XYVhik Ug]bW ffYX' @gh('X][]hg'cZUWti bhibi a VYf'
3.40 Bcbdf]cf]ImiWYX]hcf]bUa Y'UbX'a U]b['UXXfYgg' McDonald Wholesale Co, PO Box 2340 Eugene, OR 97402	5 g'cZk Y'dYh]hcb'Z]b['XUHZH Y'WUja]g. Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 6,580.12
8 UH'cf'XUHg'XYVhik Ug]bW ffYX' @gh('X][]hg'cZUWti bhibi a VYf'	6 Ug]g'Zf'h Y'WUja . Accounts Payable 8 UH'cf'XUHg'XYVhik Ug]bW ffYX' @gh('X][]hg'cZUWti bhibi a VYf'	5 g'cZk Y'dYh]hcb'Z]b['XUHZH Y'WUja]g. Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed 6 Ug]g'Zf'h Y'WUja . Accounts Payable 8 UH'cf'XUHg'XYVhik Ug]bW ffYX' @gh('X][]hg'cZUWti bhibi a VYf'
3.41 Bcbdf]cf]ImiWYX]hcf]bUa Y'UbX'a U]b['UXXfYgg' Metolius Enterprises P.O. Box 534 Sisters, OR 97759	5 g'cZk Y'dYh]hcb'Z]b['XUHZH Y'WUja]g. Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 1,232.00
8 UH'cf'XUHg'XYVhik Ug]bW ffYX' @gh('X][]hg'cZUWti bhibi a VYf'	6 Ug]g'Zf'h Y'WUja . Accounts Payable 8 UH'cf'XUHg'XYVhik Ug]bW ffYX' @gh('X][]hg'cZUWti bhibi a VYf'	5 g'cZk Y'dYh]hcb'Z]b['XUHZH Y'WUja]g. Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed 6 Ug]g'Zf'h Y'WUja . Accounts Payable 8 UH'cf'XUHg'XYVhik Ug]bW ffYX' @gh('X][]hg'cZUWti bhibi a VYf'

Part 2: Additional Page

7 cdmh [g'dU[Y'cb'm]Za cfYgdUWY]g'bYYXYX"7 cbhbi Y'bi a VYf]b['h Y"bYg'gYei Yb]U'mZca 'h Y
dfY]Jci g'dU[Y"=Zbc'UXX]hcbU'BCBDF=CF+M'WYX]hcf'Yi]ghZxc bchZ"ci hcf'gi Va]hih]g'dU[Y"

5 a ci bhicZWUja

3.42 Bcbdf]cf]ImiWYX]hcf]bUa Y'UbX'a U]b['UXXfYgg'

Mission Uniform and Linen
1405 NE 1st Street
Bend, OR 97701

5 g'cZk Y'dYh]hcb'Z]b['XUHZh Y'WUja]g.

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 699.72

6 U]g]Zf'h Y'WUja . Accounts Payable

8 UH'cf'XUHg'XYVhik U]bW ffYX'

@gh('X]]hg'cZUWti bhibi a VYf'

gi Y'WUja 'gi V'WWhic'cZgYf8

- ☒ No
☐ Yes

3.43 Bcbdf]cf]ImiWYX]hcf]bUa Y'UbX'a U]b['UXXfYgg'

Monica Henry
Unknown

5 g'cZk Y'dYh]hcb'Z]b['XUHZh Y'WUja]g.

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 100.00

6 U]g]Zf'h Y'WUja . Accounts Payable

8 UH'cf'XUHg'XYVhik U]bW ffYX'

@gh('X]]hg'cZUWti bhibi a VYf'

gi Y'WUja 'gi V'WWhic'cZgYf8

- ☒ No
☐ Yes

3.44 Bcbdf]cf]ImiWYX]hcf]bUa Y'UbX'a U]b['UXXfYgg'

Nicole Cicero
266 Burns Street
Forest Hills, NY 11375

5 g'cZk Y'dYh]hcb'Z]b['XUHZh Y'WUja]g.

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 1,750.00

6 U]g]Zf'h Y'WUja . Accounts Payable

8 UH'cf'XUHg'XYVhik U]bW ffYX'

@gh('X]]hg'cZUWti bhibi a VYf'

gi Y'WUja 'gi V'WWhic'cZgYf8

- ☒ No
☐ Yes

3.45 Bcbdf]cf]ImiWYX]hcf]bUa Y'UbX'a U]b['UXXfYgg'

Nicole Webb and Cary
2019 Oak St. # C
Santa Monica, CA 90405

5 g'cZk Y'dYh]hcb'Z]b['XUHZh Y'WUja]g.

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 1,750.00

6 U]g]Zf'h Y'WUja . Accounts Payable

8 UH'cf'XUHg'XYVhik U]bW ffYX'

@gh('X]]hg'cZUWti bhibi a VYf'

gi Y'WUja 'gi V'WWhic'cZgYf8

- ☒ No
☐ Yes

3.46 Bcbdf]cf]ImiWYX]hcf]bUa Y'UbX'a U]b['UXXfYgg'

Nike USA, Inc.
PO Box 847648
Dallas, TX 75284-7648

5 g'cZk Y'dYh]hcb'Z]b['XUHZh Y'WUja]g.

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 47.13

6 U]g]Zf'h Y'WUja . Accounts Payable

8 UH'cf'XUHg'XYVhik U]bW ffYX'

@gh('X]]hg'cZUWti bhibi a VYf'

gi Y'WUja 'gi V'WWhic'cZgYf8

- ☒ No
☐ Yes

Part 2: Additional Page

7 cdmh [g'dU[Y'cb'm]Za cfYgdUWY]g'bYYXYX"7 cbhbi Y'bi a VYf]b['h Y"bYg'gYei Yb]U'mZca 'h Y
dfY]ci g'dU[Y"Zbc'UXX]hcbU'BCBDF=CF+M'WYX]hcg'Yi]ghZxc bchZ"ci hcf'gi Va]hih]g'dU[Y"

5 a ci bhicZWUja

3.47 Bcbdf]cf]ImiWYX]hcf]bUa Y'UbX'a U]b['UXXfYgg'

Norco, Inc.
P.O. Box 413124
Salt Lake City, UT 84141-3124

5 g'cZk Y'dYh]hcb'Z]b['XUHZH Y'WUja]g.

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 7.53

6 U]g]Z'f'h Y'WUja . Accounts Payable

8 UH'cf'XUHY'XYVhk Ug]bW ffYX'

@gh('X][]hg'cZUWti bhibi a VYf'

gi Y'WUja 'gi V'WWhc'cZgYf8

- ☒ No
☐ Yes

3.48 Bcbdf]cf]ImiWYX]hcf]bUa Y'UbX'a U]b['UXXfYgg'

Nugget Newspaper
P.O. Box 698
Sisters, OR 97759

5 g'cZk Y'dYh]hcb'Z]b['XUHZH Y'WUja]g.

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 824.80

6 U]g]Z'f'h Y'WUja . Accounts Payable

8 UH'cf'XUHY'XYVhk Ug]bW ffYX'

@gh('X][]hg'cZUWti bhibi a VYf'

gi Y'WUja 'gi V'WWhc'cZgYf8

- ☒ No
☐ Yes

3.49 Bcbdf]cf]ImiWYX]hcf]bUa Y'UbX'a U]b['UXXfYgg'

OLCC
P.O.Box 22297
Milwaukie, OR 97269

5 g'cZk Y'dYh]hcb'Z]b['XUHZH Y'WUja]g.

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 151.62

6 U]g]Z'f'h Y'WUja . Accounts Payable

8 UH'cf'XUHY'XYVhk Ug]bW ffYX'

@gh('X][]hg'cZUWti bhibi a VYf'

gi Y'WUja 'gi V'WWhc'cZgYf8

- ☒ No
☐ Yes

3.50 Bcbdf]cf]ImiWYX]hcf]bUa Y'UbX'a U]b['UXXfYgg'

Oregon Equipment Service Corp.
180 NE Irving Ave.
Bend, OR 97701

5 g'cZk Y'dYh]hcb'Z]b['XUHZH Y'WUja]g.

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 1,289.53

6 U]g]Z'f'h Y'WUja . Accounts Payable

8 UH'cf'XUHY'XYVhk Ug]bW ffYX'

@gh('X][]hg'cZUWti bhibi a VYf'

gi Y'WUja 'gi V'WWhc'cZgYf8

- ☒ No
☐ Yes

3.51 Bcbdf]cf]ImiWYX]hcf]bUa Y'UbX'a U]b['UXXfYgg'

Oregon Golf Association
2840 Hazelnut Drive
Woodburn, OR 97071

5 g'cZk Y'dYh]hcb'Z]b['XUHZH Y'WUja]g.

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 4,127.37

6 U]g]Z'f'h Y'WUja . Accounts Payable

8 UH'cf'XUHY'XYVhk Ug]bW ffYX'

@gh('X][]hg'cZUWti bhibi a VYf'

gi Y'WUja 'gi V'WWhc'cZgYf8

- ☒ No
☐ Yes

Part 2: Additional Page

7 cdmh [g'dU[Y'cb'm]Za cfYgdUWY]g'bYYXYX"7 cbhbi Y'bi a VYf]b['h Y"bYg'gYei YbhU'mZca 'h Y' dfY]ci g'dU[Y"Zbc'UXX]hcbU'BCBDF=CF+M'WYX]hcf'Yi]ghZxc bchZ"ci hcf'gi Va]hih [g'dU[Y"		5 a ci bhicZWUja
<p>3.52 Bcbdf]cf]ImiWYX]hcf]bUa Y'UbX'a U]b['UXXfYgg'</p> <p>Otis Elevator PO Box 73579 Chicago, IL 60673-7579</p> <p>8 UH'cf'XUHg'XYVhk Ug]bW ffYX' _____ @gh('X][]hg'cZUWti bhibi a VYf' _____</p>	<p>5 g'cZk Y'dYh]hcb'Z]b['XUHZH Y'WUja]g. _____ Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>6 Ug]g'Zf'h Y'WUja . Accounts Payable _____</p> <p>8 UH'cf'XUHg'XYVhk Ug]bW ffYX' _____ @gh('X][]hg'cZUWti bhibi a VYf' _____</p> <p>5 g'cZk Y'dYh]hcb'Z]b['XUHZH Y'WUja]g. _____ Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>6 Ug]g'Zf'h Y'WUja . Accounts Payable _____</p> <p>8 UH'cf'XUHg'XYVhk Ug]bW ffYX' _____ @gh('X][]hg'cZUWti bhibi a VYf' _____</p>	<p>1,291.08</p>
<p>3.53 Bcbdf]cf]ImiWYX]hcf]bUa Y'UbX'a U]b['UXXfYgg'</p> <p>Pelzer Golf Supplies 12717 SE Carpenter Dr Clackamas, OR 97015</p> <p>8 UH'cf'XUHg'XYVhk Ug]bW ffYX' _____ @gh('X][]hg'cZUWti bhibi a VYf' _____</p>	<p>5 g'cZk Y'dYh]hcb'Z]b['XUHZH Y'WUja]g. _____ Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>6 Ug]g'Zf'h Y'WUja . Accounts Payable _____</p> <p>8 UH'cf'XUHg'XYVhk Ug]bW ffYX' _____ @gh('X][]hg'cZUWti bhibi a VYf' _____</p> <p>5 g'cZk Y'dYh]hcb'Z]b['XUHZH Y'WUja]g. _____ Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>6 Ug]g'Zf'h Y'WUja . Accounts Payable _____</p> <p>8 UH'cf'XUHg'XYVhk Ug]bW ffYX' _____ @gh('X][]hg'cZUWti bhibi a VYf' _____</p>	<p>464.95</p>
<p>3.54 Bcbdf]cf]ImiWYX]hcf]bUa Y'UbX'a U]b['UXXfYgg'</p> <p>Range Servant America Inc. 3000 Center Place, Suite 300 Norcross, GA 30093</p> <p>8 UH'cf'XUHg'XYVhk Ug]bW ffYX' _____ @gh('X][]hg'cZUWti bhibi a VYf' _____</p>	<p>5 g'cZk Y'dYh]hcb'Z]b['XUHZH Y'WUja]g. _____ Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>6 Ug]g'Zf'h Y'WUja . Accounts Payable _____</p> <p>8 UH'cf'XUHg'XYVhk Ug]bW ffYX' _____ @gh('X][]hg'cZUWti bhibi a VYf' _____</p> <p>5 g'cZk Y'dYh]hcb'Z]b['XUHZH Y'WUja]g. _____ Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>6 Ug]g'Zf'h Y'WUja . Accounts Payable _____</p> <p>8 UH'cf'XUHg'XYVhk Ug]bW ffYX' _____ @gh('X][]hg'cZUWti bhibi a VYf' _____</p>	<p>353.91</p>
<p>3.55 Bcbdf]cf]ImiWYX]hcf]bUa Y'UbX'a U]b['UXXfYgg'</p> <p>Rodney Rice, CPA, PC 120 Hickory St. NW Albany, OR 97321</p> <p>8 UH'cf'XUHg'XYVhk Ug]bW ffYX' _____ @gh('X][]hg'cZUWti bhibi a VYf' _____</p>	<p>5 g'cZk Y'dYh]hcb'Z]b['XUHZH Y'WUja]g. _____ Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>6 Ug]g'Zf'h Y'WUja . Accounts Payable _____</p> <p>8 UH'cf'XUHg'XYVhk Ug]bW ffYX' _____ @gh('X][]hg'cZUWti bhibi a VYf' _____</p> <p>5 g'cZk Y'dYh]hcb'Z]b['XUHZH Y'WUja]g. _____ Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>6 Ug]g'Zf'h Y'WUja . Accounts Payable _____</p> <p>8 UH'cf'XUHg'XYVhk Ug]bW ffYX' _____ @gh('X][]hg'cZUWti bhibi a VYf' _____</p>	<p>1,596.62</p>
<p>3.56 Bcbdf]cf]ImiWYX]hcf]bUa Y'UbX'a U]b['UXXfYgg'</p> <p>Rogue 5 Media Inc. 1574 Coburg Road, #206 Eugene, OR 97401</p> <p>8 UH'cf'XUHg'XYVhk Ug]bW ffYX' _____ @gh('X][]hg'cZUWti bhibi a VYf' _____</p>	<p>5 g'cZk Y'dYh]hcb'Z]b['XUHZH Y'WUja]g. _____ Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>6 Ug]g'Zf'h Y'WUja . Accounts Payable _____</p> <p>8 UH'cf'XUHg'XYVhk Ug]bW ffYX' _____ @gh('X][]hg'cZUWti bhibi a VYf' _____</p> <p>5 g'cZk Y'dYh]hcb'Z]b['XUHZH Y'WUja]g. _____ Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>6 Ug]g'Zf'h Y'WUja . Accounts Payable _____</p> <p>8 UH'cf'XUHg'XYVhk Ug]bW ffYX' _____ @gh('X][]hg'cZUWti bhibi a VYf' _____</p>	<p>10,500.00</p>

Part 2: Additional Page

7 cdmh [g'dU[Y'cb'm]Za cfYgdUWY]g'bYYXYX"7 cbhbi Y'bi a VYf]b['h Y'"bYg'gYei Yb]U'mZca 'h Y' dfY]ci g'dU[Y"Zbc'UXX]hcbU'BCBDFCF+M'WYX]hcf'Yi]ghZxc bchZ'"ci hcf'gi Va]hih [g'dU[Y"		5 a ci bhicZWUja
<p>3.57 Bcbdf]cf]ImiWYX]hcf]bUa Y'UbX'a U]b['UXXfYgg'</p> <p>SAIF Corporation 400 High Street SE Salem, OR 97312-1520</p> <p>8 UH'cf'XUHg'XYVhk Ug]bW ffYX' _____</p> <p>@gh('X][]hg'cZUWti bhibi a VYf' _____</p>	<p>5 g'cZk Y'dYh]hcb'Z]b['XUHZH Y'WUja]g. _____</p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>6 Ug]g'Zf'h Y'WUja . Accounts Payable _____</p> <p>gi'h Y'WUja 'gi V'WWhc'cZgYt8</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>1,004.23</p>
<p>3.58 Bcbdf]cf]ImiWYX]hcf]bUa Y'UbX'a U]b['UXXfYgg'</p> <p>Sandy Bowe 14467 Pole Ct Sisters, OR 97759</p> <p>8 UH'cf'XUHg'XYVhk Ug]bW ffYX' _____</p> <p>@gh('X][]hg'cZUWti bhibi a VYf' _____</p>	<p>5 g'cZk Y'dYh]hcb'Z]b['XUHZH Y'WUja]g. _____</p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>6 Ug]g'Zf'h Y'WUja . Accounts Payable _____</p> <p>gi'h Y'WUja 'gi V'WWhc'cZgYt8</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>500.00</p>
<p>3.59 Bcbdf]cf]ImiWYX]hcf]bUa Y'UbX'a U]b['UXXfYgg'</p> <p>SecureCom, Inc. 1940 Don Street, Suite 100 Springfield, OR 97477-5911</p> <p>8 UH'cf'XUHg'XYVhk Ug]bW ffYX' _____</p> <p>@gh('X][]hg'cZUWti bhibi a VYf' _____</p>	<p>5 g'cZk Y'dYh]hcb'Z]b['XUHZH Y'WUja]g. _____</p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>6 Ug]g'Zf'h Y'WUja . Accounts Payable _____</p> <p>gi'h Y'WUja 'gi V'WWhc'cZgYt8</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>658.76</p>
<p>3.60 Bcbdf]cf]ImiWYX]hcf]bUa Y'UbX'a U]b['UXXfYgg'</p> <p>Simplot Partners 11600 NE Marx Street Portland, OR 97220</p> <p>8 UH'cf'XUHg'XYVhk Ug]bW ffYX' _____</p> <p>@gh('X][]hg'cZUWti bhibi a VYf' _____</p>	<p>5 g'cZk Y'dYh]hcb'Z]b['XUHZH Y'WUja]g. _____</p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>6 Ug]g'Zf'h Y'WUja . Accounts Payable _____</p> <p>gi'h Y'WUja 'gi V'WWhc'cZgYt8</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>16,205.68</p>
<p>3.61 Bcbdf]cf]ImiWYX]hcf]bUa Y'UbX'a U]b['UXXfYgg'</p> <p>Sisters Aggregate, LLC 16900 Aspen Lakes Dr Sisters, OR 97759</p> <p>8 UH'cf'XUHg'XYVhk Ug]bW ffYX' _____</p> <p>@gh('X][]hg'cZUWti bhibi a VYf' _____</p>	<p>5 g'cZk Y'dYh]hcb'Z]b['XUHZH Y'WUja]g. _____</p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>6 Ug]g'Zf'h Y'WUja . Accounts Payable _____</p> <p>gi'h Y'WUja 'gi V'WWhc'cZgYt8</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>8,655.27</p>

Part 2: Additional Page

7 cdmh [g'dU[Y'cb'm]Za cfYgdUWY]g'bYYXYX"7 cbhbi Y'bi a VYf]b['h Y'"bYg'gYei Yb]U'mZca 'h Y' dfY]ci g'dU[Y"Zbc'UXX]hcbU'BCBDFCF+M'WYX]hcf'Yi]ghZxc bchZ'"ci hcf'gi Va]hih [g'dU[Y"		5 a ci bhicZWUja
3.62 Bcbdf]cf]ImiWYX]hcf]bUa Y'UbX'a U]b['UXXfYgg' Sisters Chamber of Commerce P.O. Box 430 Sisters, OR 97759	5 g'cZk Y'dYh]hcb'Z]b['XUHZH Y'WUja]g. Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 336.00
8 UH'cf'XUHg'XYVhk Ug]bW ffYX' @gh('X][]hg'cZUWti bhibi a VYf'	6 Ug]g'Zf'h Y'WUja . Accounts Payable g'h Y'WUja 'gi V'WWhc'cZgYf8 <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.63 Bcbdf]cf]ImiWYX]hcf]bUa Y'UbX'a U]b['UXXfYgg' Sisters Rental P.O. Box 781 Sisters, OR 97759	5 g'cZk Y'dYh]hcb'Z]b['XUHZH Y'WUja]g. Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 651.33
8 UH'cf'XUHg'XYVhk Ug]bW ffYX' @gh('X][]hg'cZUWti bhibi a VYf'	6 Ug]g'Zf'h Y'WUja . Accounts Payable g'h Y'WUja 'gi V'WWhc'cZgYf8 <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.64 Bcbdf]cf]ImiWYX]hcf]bUa Y'UbX'a U]b['UXXfYgg' Sysco Food Services P.O. Box 2210 Wilsonville, OR 97070	5 g'cZk Y'dYh]hcb'Z]b['XUHZH Y'WUja]g. Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 442.85
8 UH'cf'XUHg'XYVhk Ug]bW ffYX' @gh('X][]hg'cZUWti bhibi a VYf'	6 Ug]g'Zf'h Y'WUja . Accounts Payable g'h Y'WUja 'gi V'WWhc'cZgYf8 <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.65 Bcbdf]cf]ImiWYX]hcf]bUa Y'UbX'a U]b['UXXfYgg' Taylor Made Golf Company, Inc. 29516 Network Place Chicago, IL 60673-1295	5 g'cZk Y'dYh]hcb'Z]b['XUHZH Y'WUja]g. Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 407.76
8 UH'cf'XUHg'XYVhk Ug]bW ffYX' @gh('X][]hg'cZUWti bhibi a VYf'	6 Ug]g'Zf'h Y'WUja . Accounts Payable g'h Y'WUja 'gi V'WWhc'cZgYf8 <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.66 Bcbdf]cf]ImiWYX]hcf]bUa Y'UbX'a U]b['UXXfYgg' The Antigua Group, INC. PO Box 5300 Peoria, AZ 85385-5300	5 g'cZk Y'dYh]hcb'Z]b['XUHZH Y'WUja]g. Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 11,949.30
8 UH'cf'XUHg'XYVhk Ug]bW ffYX' @gh('X][]hg'cZUWti bhibi a VYf'	6 Ug]g'Zf'h Y'WUja . Accounts Payable g'h Y'WUja 'gi V'WWhc'cZgYf8 <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2: Additional Page

7 cdmh [g'dU[Y'cb'm]Za cfYgdUWY]g'bYYXYX"7 cbhbi Y'bi a VYf]b['h Y'"bYg'gYei Yb]U'mZca 'h Y' dfY]ci g'dU[Y"=Zbc'UXX]hcbU'BCBDF=CF+M'WYX]hcf'Yi]ghZxc bchZ'"ci hcf'gi Va]hih]g'dU[Y"		5 a ci bhicZWUja
3.67 Bcbdf]cf]ImiWYX]hcf]bUa Y'UbX'a U]]b['UXXfYgg' Thermo King Northwest, Inc. P.O. Box 94098 Seattle, WA 98124-9498	5 g'cZH Y'dYh]hcb'Z]b['XUHZH Y'WUja]g. Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 18,512.53
8 UH'cf'XUHg'XYVhk Ug]bW ffYX' @gh('X][]hg'cZUWti bhibi a VYf'	6 Ug]g'Zf'h Y'WUja . Accounts Payable g'h Y'WUja 'gi V'WWhc'cZgYf8 <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.68 Bcbdf]cf]ImiWYX]hcf]bUa Y'UbX'a U]]b['UXXfYgg' Titleist - Acushnet Company P.O.Box 88112 Chicago, IL 60695-1112	5 g'cZH Y'dYh]hcb'Z]b['XUHZH Y'WUja]g. Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 4,187.83
8 UH'cf'XUHg'XYVhk Ug]bW ffYX' @gh('X][]hg'cZUWti bhibi a VYf'	6 Ug]g'Zf'h Y'WUja . Accounts Payable g'h Y'WUja 'gi V'WWhc'cZgYf8 <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.69 Bcbdf]cf]ImiWYX]hcf]bUa Y'UbX'a U]]b['UXXfYgg' Tom & Linda Hespe 17427 Forked Horn Dr. Sisters, OR 97759	5 g'cZH Y'dYh]hcb'Z]b['XUHZH Y'WUja]g. Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 100.00
8 UH'cf'XUHg'XYVhk Ug]bW ffYX' @gh('X][]hg'cZUWti bhibi a VYf'	6 Ug]g'Zf'h Y'WUja . Accounts Payable g'h Y'WUja 'gi V'WWhc'cZgYf8 <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.70 Bcbdf]cf]ImiWYX]hcf]bUa Y'UbX'a U]]b['UXXfYgg' Tracy Orr 69280 Goodrich Road Sisters, OR 97759	5 g'cZH Y'dYh]hcb'Z]b['XUHZH Y'WUja]g. Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 1,000.00
8 UH'cf'XUHg'XYVhk Ug]bW ffYX' @gh('X][]hg'cZUWti bhibi a VYf'	6 Ug]g'Zf'h Y'WUja . Accounts Payable g'h Y'WUja 'gi V'WWhc'cZgYf8 <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.71 Bcbdf]cf]ImiWYX]hcf]bUa Y'UbX'a U]]b['UXXfYgg' Triple C Farms 16925 Green Drake Court Sisters, OR 97759	5 g'cZH Y'dYh]hcb'Z]b['XUHZH Y'WUja]g. Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 500.00
8 UH'cf'XUHg'XYVhk Ug]bW ffYX' @gh('X][]hg'cZUWti bhibi a VYf'	6 Ug]g'Zf'h Y'WUja . Accounts Payable g'h Y'WUja 'gi V'WWhc'cZgYf8 <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2: Additional Page

7 cdmh [g'dU[Y'cb'm]Za cfYgdUWY]g'bYYXYX"7 cbhbi Y'bi a VYf]b['h Y"bYg'gYei Yb]U'mZca 'h Y
dfYj]ci g'dU[Y"Zbc'UXX]hcbU'BCBDFCF+M'WYX]hcf'Yi]ghZxc bchZ"ci hcf'gi Va]hih [g'dU[Y"

5 a ci bhicZWUja

3.72 Bcbdf]cf]ImiWYX]hcf]bUa Y'UbX'a U]b['UXXfYgg'

USGA
P.O. Box 5008
Hagerstown, MD 21741-5008

5 g'cZk Y'dYh]hcb'Z]b['XUHZH Y'WUja]g.
Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 110.00

6 U]g'Zf'h Y'WUja . Accounts Payable

8 UH'cf'XUHY'XYVhk Ug]bW ffYX'

@gh('X][]hg'cZUWti bhibi a VYf'

g'h Y'WUja 'gi V'WWhc'cZgYf8

- ☒ No
☐ Yes

3.73 Bcbdf]cf]ImiWYX]hcf]bUa Y'UbX'a U]b['UXXfYgg'

Varsity Communications, Inc.
4114 198th St. SW, Ste. 5
Lynnwood, WA 98036

5 g'cZk Y'dYh]hcb'Z]b['XUHZH Y'WUja]g.
Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 2,000.00

6 U]g'Zf'h Y'WUja . Accounts Payable

8 UH'cf'XUHY'XYVhk Ug]bW ffYX'

@gh('X][]hg'cZUWti bhibi a VYf'

g'h Y'WUja 'gi V'WWhc'cZgYf8

- ☒ No
☐ Yes

3.74 Bcbdf]cf]ImiWYX]hcf]bUa Y'UbX'a U]b['UXXfYgg'

Western Equipment Dist. Inc.
PO Box 45621
San Francisco, CA 94145-0621

5 g'cZk Y'dYh]hcb'Z]b['XUHZH Y'WUja]g.
Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 4,131.89

6 U]g'Zf'h Y'WUja . Accounts Payable

8 UH'cf'XUHY'XYVhk Ug]bW ffYX'

@gh('X][]hg'cZUWti bhibi a VYf'

g'h Y'WUja 'gi V'WWhc'cZgYf8

- ☒ No
☐ Yes

3.75 Bcbdf]cf]ImiWYX]hcf]bUa Y'UbX'a U]b['UXXfYgg'

Wildhorse Meadows, LLC
16900 Aspen Lakes Dr
Sisters, OR 97759

5 g'cZk Y'dYh]hcb'Z]b['XUHZH Y'WUja]g.
Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 1,356,680.82

6 U]g'Zf'h Y'WUja . Accounts Payable

8 UH'cf'XUHY'XYVhk Ug]bW ffYX'

@gh('X][]hg'cZUWti bhibi a VYf'

g'h Y'WUja 'gi V'WWhc'cZgYf8

- ☒ No
☐ Yes

3. Bcbdf]cf]ImiWYX]hcf]bUa Y'UbX'a U]b['UXXfYgg'

"See Attached"

5 g'cZk Y'dYh]hcb'Z]b['XUHZH Y'WUja]g.
Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 120,966.10

6 U]g'Zf'h Y'WUja .

8 UH'cf'XUHY'XYVhk Ug]bW ffYX'

@gh('X][]hg'cZUWti bhibi a VYf'

g'h Y'WUja 'gi V'WWhc'cZgYf8

- ☐ No
☐ Yes

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

Total of claim amounts

5a. Total claims from Part 1	5a.	\$	<u>79,386.26</u>
5b. Total claims from Part 2	5b.	+	\$ <u>1,985,849.41</u>
5c. Total of Parts 1 and 2 Lines 5a + 5b = 5c.	5c.		<div>\$ <u>2,065,235.67</u></div>

Fill in this information to identify the case:

Debtor name 'Aspen Lakes Golf Course, L.L.C.'

United States Bankruptcy Court for the: 'District of Oregon'

Case number (If known,) Deb 18-32265 ~~Assets~~ Chapter ~~Chapter 11~~☐ Check if this is an amended filing**Official Form 206G****Schedule G: Executory Contracts and Unexpired Leases****12/15**

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, numbering the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?☐ No. Check this box and file this form with the court with the debtor's other schedules. There is nothing else to report on this form.☒ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).**2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease****2.1****State what the contract or lease is for and the nature of the debtor's interest**

IT Support

1-21-Marketing

151 N. Maitland Ave #948193
Maitland, FL 32751**State the term remaining****List the contract number of any government contract****2.2****State what the contract or lease is for and the nature of the debtor's interest**

Wedding/Anniversary Event

Aileen & Tyler Weaver

20456 SW Marimar St.
Beaverton, OR 97078**State the term remaining**

43358

List the contract number of any government contract**2.3****State what the contract or lease is for and the nature of the debtor's interest**

Wedding/Anniversary Event

Alyssia Norris

3593 SW Pumica Ave
Redmond, OR 97756**State the term remaining**

43400

List the contract number of any government contract**2.4****State what the contract or lease is for and the nature of the debtor's interest**

Wedding/Anniversary Event

Andrew & Sadaf

1895 NW Remarkable Drive
Bend, OR 97703-5430**State the term remaining**

43330

List the contract number of any government contract**2.5****State what the contract or lease is for and the nature of the debtor's interest**

Landscape maintenance agreement

Aspen Lakes Estate Owners, Inc.

c/o Northwest Association Management
805 SW Industrial Way
Bend, OR 97702**State the term remaining****List the contract number of any government contract**

Debtor Aspen Lakes Golf Course, L.L.C.
Name

Case number (if known) 18-32265

Additional Page if Debtor Has More Executory Contracts or Unexpired Leases

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.6 State what the contract or lease is for and the nature of the debtor's interest Pool maintenance agreement
State the term remaining
List the contract number of any government contract
Aspen Lakes Estate Owners, Inc.
c/o Northwest Association Management
805 SW Industrial Way
Bend, OR 97702

2.7 State what the contract or lease is for and the nature of the debtor's interest Utility
State the term remaining
List the contract number of any government contract
Aspen Lakes Utility Company, LLC
16900 Aspen Lakes Dr
Sisters, OR 97759

2.8 State what the contract or lease is for and the nature of the debtor's interest Wedding/Anniversary Event
State the term remaining 43281
List the contract number of any government contract
Brad Moore
Unknown

2.9 State what the contract or lease is for and the nature of the debtor's interest Wedding/Anniversary Event
State the term remaining 43280
List the contract number of any government contract
Carrie Rosenberg
9309 Sand Verbena Trail NE
Albuquerque, NM 87122

2.10 State what the contract or lease is for and the nature of the debtor's interest Service Agreement
State the term remaining
List the contract number of any government contract
Copiers Northwest
601 Dexter Ave N
Seattle, WA 98109

2.11 State what the contract or lease is for and the nature of the debtor's interest Wedding/Anniversary Event
State the term remaining 43547
List the contract number of any government contract
Emilee & Jordan Wagoner
Unknown

2.12 State what the contract or lease is for and the nature of the debtor's interest Wedding/Anniversary Event
State the term remaining 43298
List the contract number of any government contract
Fred Meyer
Unknown

Additional Page if Debtor Has More Executory Contracts or Unexpired Leases

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.13	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Wedding/Anniversary Event</p> <p>State the term remaining</p> <p>43337</p> <p>List the contract number of any government contract</p>	<p>Gina & Chris Elliott</p> <p>Unknown</p>
2.14	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Lease</p> <p>State the term remaining</p> <p>4/1/2019</p> <p>List the contract number of any government contract</p>	<p>John Deere Financial</p> <p>PO Box 6600</p> <p>Johnston, IA 50131-6600</p>
2.15	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Wedding/Anniversary Event</p> <p>State the term remaining</p> <p>43645</p> <p>List the contract number of any government contract</p>	<p>Kelsi Choquette</p> <p>Unknown</p>
2.16	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Wedding/Anniversary Event</p> <p>State the term remaining</p> <p>43372</p> <p>List the contract number of any government contract</p>	<p>Marci Calavan</p> <p>Unknown</p>
2.17	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Wedding/Anniversary Event</p> <p>State the term remaining</p> <p>43344</p> <p>List the contract number of any government contract</p>	<p>Mary & Jeff Weisensee</p> <p>12006 SE 36th Ave</p> <p>Milwaukie, OR 97222</p>
2.18	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Wedding/Anniversary Event</p> <p>State the term remaining</p> <p>43336</p> <p>List the contract number of any government contract</p>	<p>Monica Henry</p> <p>Unknown</p>
2.19	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Wedding/Anniversary Event</p> <p>State the term remaining</p> <p>43345</p> <p>List the contract number of any government contract</p>	<p>Nicole Cicero</p> <p>266 Burns Street</p> <p>Forest Hills, NY 11375</p>

Debtor Aspen Lakes Golf Course, L.L.C.
Name

Case number (if known) 18-32265

Additional Page if Debtor Has More Executory Contracts or Unexpired Leases

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2. 20 State what the contract or lease is for and the nature of the debtor's interest Wedding/Anniversary Event
State the term remaining 43295
List the contract number of any government contract
Nicole Webb and Cary
2019 Oak St. # C
Santa Monica, CA 90405

2. 21 State what the contract or lease is for and the nature of the debtor's interest Wedding/Anniversary Event
State the term remaining 43379
List the contract number of any government contract
Sandy Bowe
14467 Pole Ct
Sisters, OR 97759

2. 22 State what the contract or lease is for and the nature of the debtor's interest Wedding/Anniversary Event
State the term remaining 43378
List the contract number of any government contract
Tom & Linda Hespe
17427 Forked Horn Dr.
Sisters, OR 97759

2. 23 State what the contract or lease is for and the nature of the debtor's interest Wedding/Anniversary Event
State the term remaining 43287
List the contract number of any government contract
Tracy Orr
69280 Goodrich Road
Sisters, OR 97759

2. 24 State what the contract or lease is for and the nature of the debtor's interest Lease
State the term remaining
List the contract number of any government contract
Wildhorse Meadows, LLC
16900 Aspen Lakes Dr
Sisters, OR 97759

2. ' ' State what the contract or lease is for and the nature of the debtor's interest "See Attached"
State the term remaining
List the contract number of any government contract

2. ' ' State what the contract or lease is for and the nature of the debtor's interest
State the term remaining
List the contract number of any government contract

Fill in this information to identify the case:Debtor name Aspen Lakes Golf Course, L.L.C.United States Bankruptcy Court for the: District of OregonCase number (If known): 18-32265☐ Check if this is an amended filing**Official Form 206H****Schedule H: Codebtors****12/15**

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Does the debtor have any codebtors?☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.☒ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor**Name '5 bX' Mailing address****Column 2: Creditor****Name***Check all schedules that apply:*

2.1 Aspen Investments, L.L.C.
16900 Aspen Lakes Dr
Sisters, OR 97759

GT Capital

☒ D
☐ E/F
☐ G

2.2 Aspen Lakes Utility Company, L.L.C.
16900 Aspen Lakes Dr
Sisters, OR 97759

GT Capital

☒ D
☐ E/F
☐ G

2.3 Conida E. Cyrus
17204 Hwy 126
Sisters, OR 97759

GT Capital

☒ D
☐ E/F
☐ G

2.4 Kelly K. Cyrus
16929 Green Drake Court
Sisters, OR 97759

GT Capital

☒ D
☐ E/F
☐ G

2.5 Matthew K. Cyrus
16929 Green Drake Court
Sisters, OR 97759

GT Capital

☒ D
☐ E/F
☐ G

2.6 O. Keith Cyrus
17204 Hwy 126
Sisters, OR 97759

GT Capital

☒ D
☐ E/F
☐ G

Debtor

Aspen Lakes Golf Course, L.L.C.
Name

Case number (if known) 18-32265

Additional Page if Debtor Has More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor		Column 2: Creditor	
Name	Address	Name	Check all schedules that apply:
7	Pamela K. Mitchell 69339 Hinkle Butte Sisters, OR 97759	GT Capital	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
8	Sisters Aggregate & Construction, L.L.C. 16900 Aspen Lakes Dr Sisters, OR 97759	GT Capital	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
9	Wildhorse Meadows, LLC 16900 Aspen Lakes Dr Sisters, OR 97759	GT Capital	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
			<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
			<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
			<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
			<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
			<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Fill in this information to identify the case and this filing:

Debtor Name Aspen Lakes Golf Course, L.L.C.

United States Bankruptcy Court for the: District of Oregon

Case number (if known): 18-32265

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

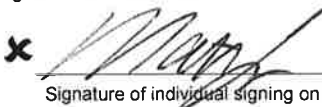
I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ Amended Schedule _____
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 7/25/2018

MM / DD / YYYY

x 

Signature of individual signing on behalf of debtor

Matt Cyrus

Printed name

Managing Member

Position or relationship to debtor

Declaration Under Penalty of Perjury for Non-Individual Debtors

Notes to Schedules and Statement of Financial Affairs

Amendments and Reservation of Rights

While the Aspen Lakes Golf Course, L.L.C.'s ("**Debtor**") management has exercised best efforts to ensure that the Schedules and Statements are accurate and complete based on information that was available at the time of preparation, inadvertent errors, omissions or inaccuracies may exist. The Debtor reserves all rights to amend or supplement the Schedules and Statements from time to time as may be necessary and appropriate, but they are under no obligation to do so.

Specific Disclosures to the Schedules of Assets and Liabilities

Causes of Action against Third Parties (AB74). The Debtor may have causes of action against third parties, but do not have any other ongoing proceedings at this time. Any causes of action and the ultimate recovery on these causes of action are unknown at this time. Additionally, the Debtor may also possess contingent claims that are not listed as assets in its Schedules and Statements in the form of various actions they could commence under the provisions of chapter 5 of the Bankruptcy Code and other relevant non-bankruptcy laws. The Debtor reserves all of their rights with respect to any claims and causes of action, whether arising under the Bankruptcy Code or otherwise, that they may have or will have, and nothing contained in the Schedules and Statements shall be deemed a waiver of any such claims, avoidance actions or causes of action or in any way prejudice or impair the assertion of such claims. The Debtor further reserves all of their rights with respect to all causes of action, including, without limitation, all rights relating to any: (i) controversy; (ii) right of setoff or recoupment; (iii) crossclaim; (iv) counterclaim; (v) claim arising from a contract; (vi) claim for the breach of any duty imposed by law or in equity; (vii) demand, right, action, lien, indemnity, guaranty, suit, obligation, liability, damage, judgment, account, defense, power, privilege, license and franchise of any kind or character whatsoever. This reservation of rights remains applicable regardless of whether such causes of action are known, unknown, fixed or contingent, matured or unmatured, suspected or unsuspected, liquidated or unliquidated, disputed or undisputed, secured or unsecured, assertible directly or derivatively, whether arising before, on or after the Petition Date, in contract or in tort, in law or in equity, or pursuant to any other applicable theory of law.

Other Contingent and Unliquidated Claims (AB75). The Debtor may have other contingent and unliquidated claims. Any other contingent and unliquidated claims and the ultimate recovery on these claims are unknown at this time.

Schedule G. The Debtor reserves all of their rights to dispute the validity, status or enforceability of any contracts, agreements or leases set forth on Schedule G and to amend or supplement such Schedule, as necessary. The contracts, agreements and leases listed on Schedule G may have expired or may have been modified, amended or supplemented from time to time by various amendments, restatements, waivers, estoppels, certificates, letters, memoranda and other documents, instruments and agreements that may not be listed on Schedule G, despite the Debtor's use of reasonable efforts to identify such documents. The Debtor reserves all rights, claims and causes of action with respect to the contracts and agreements listed on Schedule G, including the right to dispute or challenge the characterization or the structure of any transaction, document or

instrument. The listing of such real property interests on Schedule G as "executory" does not constitute an admission by the Debtor that any such contract is executory. The Debtor reserves all rights to recategorize and/or recharacterize their interests in such real property at a later date, as necessary.

Certain of the contracts, agreements and leases listed on Schedule G may contain renewal options, guarantees of payments, options to purchase, rights of first refusal, rights to lease additional space and other miscellaneous rights. Such rights, powers, duties and obligations are not separately set forth on Schedule G. Unless otherwise identified on Schedule G, each contract, agreement and lease identified therein shall include all exhibits, schedules, riders, modifications, declarations, amendments, supplements, attachments, restatements or other agreements made directly or indirectly by any such agreement, instrument or other document that in any manner affects such contract, agreement and lease, without respect to whether such contract, agreement and lease is listed therein.

Specific Disclosures and Assumptions to the Statement of Financial Affairs

Part 2, Question 4 and Part 13, Question 30 — Payments, Distributions or Withdrawals to Insiders. The listing of payments in this response should not be construed as an acknowledgement that any payee qualifies as an insider as defined in 11 U.S.C. § 101. In the interest of full disclosure and an excess of caution the Debtor has listed payments to all persons who may be construed as related to the Debtor.